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FILE LAST UPDATED: 24 Nov 2008 (20081124/ED)

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=> s prophylaxis and cell growth
         25576 PROPHYLAXIS
       2489231 CELL
       1487229 GROWTH
         70509 CELL GROWTH
                 (CELL(W)GROWTH)
L1         146 PROPHYLAXIS AND CELL GROWTH

=> s l1 and cell differentiation
       2489231 CELL
        244003 DIFFERENTIATION
         88652 CELL DIFFERENTIATION
                 (CELL(W)DIFFERENTIATION)
L2          14 L1 AND CELL DIFFERENTIATION

=> d 1-14 bib abs
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L2 ANSWER 1 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2008:1181841 CAPLUS
DN 149:417726
TI Bioactive parstatin peptides and use for the treatment of angiogenesis-related diseases and endothelium dysfunction-related cardiovascular diseases
IN Tsopanoglou, Nikos E.; Maragoudakis, Michael E.
PA Greece
SO U.S. Pat. Appl. Publ., 36pp.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI US 20080242613	A1	20081002	US 2008-54712	20080325
PRAI US 2007-908707P	P	20070329		

AB The invention discloses bioactive peptides that have a mol. weight of approx. 4.5 kDa and correspond to amino-terminal fragments of protease-activated receptor-1 (PAR-1), which are cleaved and released upon the proteolytic activation of PAR-1 by proteases including, but not limited to, thrombin in humans and animals. Such synthetic or recombinantly expressed or endogenously produced or chimeric synthetic peptides that are active in vitro and in vivo and modulate endothelial cell functions and physiol. and pathol. processes are named herein as parstatin. Parstatin peptides, fragments, analogs, derivs. have the ability to inhibit endothelial cell growth, migration and differentiation, to induce endothelial cell apoptosis, to block angiogenesis and have cardioprotective effects in ischemia/reperfusion injury. Methods for treating angiogenesis-related diseases and endothelium dysfunction-related cardiovascular diseases are disclosed.

L2 ANSWER 2 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:1456371 CAPLUS
DN 148:69394
TI Anticancer effect of aloe-emodin on cervical cancer cells involves G2/M arrest and induction of differentiation
AU Guo, Jun-ming; Xiao, Bing-xiu; Liu, Qiong; Zhang, Shun; Liu, Dong-hai; Gong, Zhao-hui
CS Ningbo University School of Medicine, Ningbo, 315211, Peop. Rep. China
SO Acta Pharmacologica Sinica (2007), 28(12), 1991-1995
CODEN: APSCG5; ISSN: 1671-4083
PB Blackwell Publishing Asia Pty Ltd.
DT Journal
LA English
AB Aim: The aim of this study was to investigate the effects of aloe-emodin, a natural compound from the root and rhizome of Rheum palmatum, on the growth of human cervical cancer cells, HeLa. Methods: HeLa cells were treated with various concns. of aloe-emodin for 1-5 d, and cell growth was measured by 3-(4, 5-dimethylthiazol-2-yl)-2, 5-diphenyl tetrazolium bromide assay. The long-term growth effect was investigated by crystal violet assay. The distributions of the cell cycle and apoptosis were analyzed by flow cytometry. The alkaline phosphatase (ALP) activity was analyzed by a chemical analyzer. Finally, Western blotting was used to indicate the abundant changes of protein kinase C (PKC), c-myc, cyclins, cyclin-dependent kinases (CDK), and proliferating cell nuclear antigen (PCNA). Results: Aloe-emodin inhibited the growth of HeLa cells in a dose-dependent manner at concns. ranging between 2.5 and 40 μmol/L. The flow cytometric anal. showed that HeLa cells were arrested at the G2/M phase. This effect was associated with the decrease in cyclin A and CDK2, and the increase in cyclin B1 and CDK1. More importantly, the

ALP activity was found to be increased by aloe-emodin treatment, and accompanied by the inhibition of PCNA expression. In addition, aloe-emodin suppressed the expression of PKCα and c-myc. Conclusion: These findings provide a possible mechanistic explanation for the growth inhibitory effect of aloe-emodin on HeLa, which includes cell cycle arrest and inducing differentiation.

RE.CNT 29 THERE ARE 29 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 3 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:1421898 CAPLUS
DN 148:45891
TI Novel hepatocyte-like cells and hepatoblast-like cells derived from hBS cells, and use in treatment, drug screening, and toxicity testing
IN Heins, Nico; Kueppers-Munther, Barbara; Edsbagge, Josefina
PA Cellartis AB, Swed.
SO PCT Int. Appl., 136pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2007140968	A1	20071213	WO 2007-EP4940	20070604
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW				
	RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, MT, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	US 20080019950	A1	20080124	US 2007-806822	20070604
PRAI	SE 2006-1255	A	20060604		
	DK 2006-761	A	20060605		
	US 2006-810626P	P	20060605		
	US 2007-879802P	P	20070111		
	DK 2007-645	A	20070430		
	US 2007-924108P	P	20070430		

AB The invention discloses a hepatocyte-like cell population derived from hBS cells, as well as the potential use of such hepatocyte-like cells in e.g. medical treatment, drug screening and toxicity testing. Furthermore, the invention discloses hepatoblast-like cells that may have suitable characteristics so that they can be used for the same applications as the hepatocyte-like cells and that furthermore may be used in in vitro studies of hepatogenesis such as early hepatogenesis or hepatoregenerative disorders. Both the hepatocyte-like and the hepatoblast-like cells of the invention express drug transporter and/or drug-metabolizing characteristics either at the gene or protein expression level.

RE.CNT 10 THERE ARE 10 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 4 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:195989 CAPLUS
DN 146:287420
TI Genistein and resveratrol: mammary cancer chemoprevention and mechanisms of action in the rat
AU Whitsett, Timothy G., Jr.; Lamartiniere, Coral A.

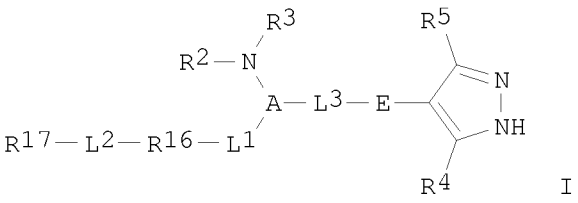
CS USA
SO Expert Review of Anticancer Therapy (2006), 6(12), 1699-1706
CODEN: ERATBJ; ISSN: 1473-7140
PB Future Drugs Ltd.
DT Journal; General Review
LA English
AB A review. The environment, including diet, plays a critical role in a woman's subsequent risk of breast cancer. Two dietary polyphenols that have received attention from the health and research communities for their ability to protect against breast cancer are: genistein, a component of soy; and resveratrol, a phytoalexin found in red grapes and red wine. We and others have shown that both genistein and resveratrol can protect against mammary cancer in rodents. The timing of exposure to genistein appears critical for its mammary protective effects. It has been reported that genistein early in life causes enhanced mammary gland differentiation, alterations in cell proliferation and apoptosis, and upregulation of tumor-suppressor genes. With resveratrol in the diet, changes in cell proliferation and apoptosis in terminal ductal structures of the mammary gland might help to explain its protective effects. We conclude that genistein and resveratrol can protect against breast cancer by regulating important mammary growth and differentiation pathways.
RE.CNT 47 THERE ARE 47 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 5 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2006:1356631 CAPLUS
DN 146:100679
TI Preparation of pyrazole derivatives as inhibitors of protein kinases
IN Cancer, Research Technology Limited; Sore, Hannah Fiona; Boyle, Robert George; Hamlett, Christopher; Saxty, Gordon; Verdonk, Marinus Leendert; Walker, David Winter; Woodhead, Steven John; Howard, Steven
PA Astex Therapeutics Limited, UK; The Institute of Cancer ResearchRoyal Cancer Hospital; Astrazeneca AB
SO PCT Int. Appl., 202pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

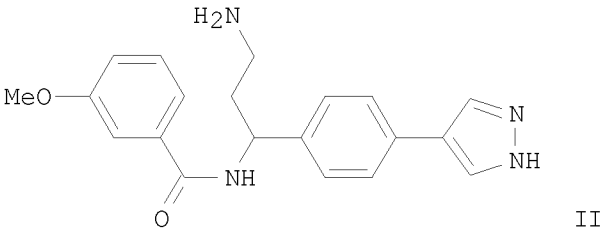
	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2006136829	A2	20061228	WO 2006-GB2286	20060621
	WO 2006136829	A3	20070215		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW				
	RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	EP 1919875	A2	20080514	EP 2006-755590	20060621
	R: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LI, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR				
PRAI	GB 2005-12654	A	20050621		
	US 2005-692620P	P	20050621		
	US 2006-743658P	P	20060322		
	WO 2006-GB2286	W	20060621		

OS MARPAT 146:100679

GI



I



II

AB The title pyrazole derivs. I [wherein A = an (un)substituted saturated hydrocarbon linker; E = a monocyclic or bicyclic (hetero)ring; L1 = a bond, alkenylene, alkynylene, S, SO2, etc.; L2 = absent, a bond, alkylene, alkenylene, etc.; L3 = a bond, -C(=O)-NH-, or -NH-C(=O)-; R2 and R3 = independently H, hydrocarbyl, acyl, etc.; R4 = H, halo, CN, CF3, etc.; R5 = H, halo, CN, NH2, etc.; R16 = (un)substituted monocyclic or bicyclic (hetero)ring; R17 = absent, alkyl, or (un)substituted (hetero)ring; with provisos], or salts, solvates, tautomers, or N-oxides thereof were prepared as inhibitors of protein kinase A (PKA) and protein kinase B (PKB). For example, II•formate was prepared in a multi-step synthesis. II•formate showed inhibitory activity with IC50 < 1 μM against PKA and PKB. The title compds. are useful in the prophylaxis or treatment of diseases arising from abnormal cell growth , such as proliferation, apoptosis, differentiation, or cancer. Capsules and injectable formulations were described.

L2 ANSWER 6 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2006:551082 CAPLUS
DN 145:388855
TI Cholecalciferol (vitamin D3) inhibits growth and invasion by up-regulating nuclear receptors and 25-hydroxylase (CYP27A1) in human prostate cancer cells
AU Tokar, Erik J.; Webber, Mukta M.
CS Departments of Zoology and Medicine, Michigan State University, East Lansing, MI, USA
SO Clinical & Experimental Metastasis (2005), 22(3), 275-284
CODEN: CEXMD2; ISSN: 0262-0898
PB Springer
DT Journal
LA English
AB Epidemiol. evidence suggests an inverse relationship between prostate cancer and serum vitamin D levels. We examined the ability of cholecalciferol (vitamin D3), a calcitriol precursor, to inhibit or reverse cellular changes associated with malignant transformation and invasion and explored its mechanisms of action. The RWPE2-W99 human prostate epithelial cell line, which forms slow-growing tumors in nude mice, was used because it mimics the behavior of the majority of primary human prostate cancers. Cholecalciferol, at physiol. levels: (i) inhibited anchorage-dependent and -independent growth; (ii) induced differentiation by decreasing vimentin expression with a concomitant

decrease in motility/chemotaxis; (iii) decreased MMP-9 and MMP-2 activity with concomitant decrease in invasion; and (iv) exerted its effects by up-regulating vitamin D receptor (VDR), retinoid-X receptor-α (RXR-α), and androgen receptor (AR) in a dose-dependent manner. Furthermore, we found that RWPE2-W99 prostate cancer cells, similar to RWPE-1 cells, constitutively express the enzyme 25-hydroxylase CYP27A1 which is markedly up-regulated by cholecalciferol. Cholecalciferol has effects similar to those of calcitriol on growth, MMP activity, and VDR. The ability of CYP27A1 to catalyze the conversion of cholecalciferol to 25(OH)D3 and of 25(OH)D3 to calcitriol has been reported. RWPE2-W99 cells, similar to RWPE-1 cells, appear to have the rare ability to locally convert cholecalciferol to the active hormone calcitriol. Because it can inhibit cellular changes associated with malignant transformation and invasion, we propose that cholecalciferol may be an effective agent for the treatment of prostate cancer.

RE.CNT 40 THERE ARE 40 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 7 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2006:273092 CAPLUS
DN 144:305167
TI Use of tellurium-containing compounds as nerve-protecting agents
IN Sredni, Benjamin; Albeck, Michael
PA Israel
SO U.S. Pat. Appl. Publ., 30 pp., Cont.-in-part of Appl. No. PCT/IB04/004163.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 2

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 20060063750	A1	20060323	US 2005-226374	20050915
WO 2005060341	A2	20050707	WO 2004-IB4163	20041215
WO 2005060341	A3	20060928		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW, SM
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRAI US 2003-530490P	P	20031218	
WO 2004-IB4163	A2	20041215	

OS MARPAT 144:305167
AB A neuroprotective agent is disclosed for the treatment and prevention of neurodegenerative disorders which is based on the administration of an effective amount of a tellurium compound which has a specific ability to induce the differentiation and interfere with apoptotic cell death pathways of neuronal PC-12 cells.

L2 ANSWER 8 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2006:213060 CAPLUS
DN 144:286162
TI Method to inhibit cell growth using oligonucleotides
IN Gilchrest, Barbara A.; Eller, Mark S.
PA USA
SO U.S. Pat. Appl. Publ., 40 pp., Cont.-in-part of U.S. Ser. No. 122,630.
CODEN: USXXCO

DT Patent
LA English
FAN.CNT 8

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 20060052323	A1	20060309	US 2005-195088	20050801
	US 5955059	A	19990921	US 1995-467012	19950606
	WO 9639152	A1	19961212	WO 1996-US8386	19960603
	W: AL, AM, AT, AU, AZ, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, HU, IL, IS, JP, KE, KG, KP, KR, KZ, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG				
	RW: KE, LS, MW, SD, SZ, UG, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA				
	US 6147056	A	20001114	US 1998-48927	19980326
	US 7094766	B1	20060822	US 2000-540843	20000331
	WO 2001074342	A2	20011011	WO 2001-US10162	20010330
	WO 2001074342	A3	20020328		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW				
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	US 20030032610	A1	20030213	US 2002-122630	20020412
	AU 2004233188	A1	20041104	AU 2004-233188	20040114
	CA 2519897	A1	20041104	CA 2004-2519897	20040114
	WO 2004094655	A2	20041104	WO 2004-US819	20040114
	WO 2004094655	A3	20060914		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
	RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
	EP 1620562	A2	20060201	EP 2004-702134	20040114
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
	JP 2007525162	T	20070906	JP 2006-508599	20040114
	US 20060269924	A1	20061130	US 2006-553001	20060724
	AU 2008201448	A1	20080424	AU 2008-201448	20080328
PRAI	US 1995-467012	A2	19950606		
	WO 1996-US8386	A2	19960603		
	US 1998-48927	A2	19980326		
	US 1998-952697	B2	19981130		
	US 2000-540843	A2	20000331		
	WO 2001-US10162	A2	20010330		
	US 2002-122630	A2	20020412		
	US 1997-952697	A2	19971206		
	AU 2003-262191	A3	20030411		
	WO 2003-US11393	A	20030411		
	WO 2004-US819	W	20040114		

OS MARPAT 144:286162

AB Described are methods for treating hyperproliferative disorders, including cancers, by administering to the affected mammal (e.g., human) an

effective amount of a composition comprising one or more oligonucleotides which share at least 33% but less than 100% nucleotide sequence identity with the human telomere overhang repeat. Methods of treatment or prevention of hyperproliferative diseases or pre-cancerous conditions affecting epithelial cells, such as psoriasis, atopic dermatitis, or hyperproliferative diseases of other epithelia and methods for reducing photoaging, or oxidative stress or for prophylaxis against or reduction in the likelihood of the development of skin cancer, are also disclosed. The compns. and methods are also useful to treating other cancers.

L2 ANSWER 9 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2005:395470 CAPLUS
DN 142:442896
TI Methods for differentiating stem cells using a self-replicating neocentromeric artificial chromosome with chromatin domains expressing transgenes for gene therapy
IN Choo, Kong-Hong Andy; Wong, Lee Hwa; Saffery, Richard Eric
PA Murdoch Childrens Research Institute, Australia
SO PCT Int. Appl., 168 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2005040391	A1	20050506	WO 2004-AU1469	20041025

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRAI AU 2003-905894 A 20031027
AB The present invention relates to the field of tissue engineering and genetic manipulation of cells and to methods for generating tissue suitable for use in repair, replacement, rejuvenation or augmentation therapy. The present invention contemplates a method for genetically manipulating a stem cell by introducing a nucleic acid mol. comprising a centromere or neo-centromere into the stem cell, wherein the nucleic acid mol. conveys genetic information which is capable of introducing to or modifying a trait within the stem cell or progeny of the stem cell such as but not limited to modulating the level of stem cell proliferation, differentiation and/or self-renewal. The neo-centromere is devoid of α-satellite repeat DNA. One aspect of the present invention provides a stem cell comprising a self-replicating artificial chromosome with a neo-centromere having centromeric chromatin domains comprising expressible genetic material which modifies or introduces at least one trait in said stem cell. Microarray gene expression profiles were conducted for human 10q25 centromeric region. The engineered stem cells may also be re-programmed, for example, to direct the cells down a different cell lineage.
RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 10 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2004:934471 CAPLUS

DN 141:388765
TI Disease prevention and vaccination following thymic reactivation
IN Boyd, Richard
PA Norwood Immunology, Ltd., Australia
SO PCT Int. Appl., 210 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 28

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2004094599	A2	20041104	WO 2004-US11913	20040419
	WO 2004094599	A3	20051229		
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	RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
	US 20040013641	A1	20040122	US 2003-418727	20030418
	US 20040018180	A1	20040129	US 2003-418747	20030418
	US 20040037817	A1	20040226	US 2003-419066	20030418
	US 20050002913	A1	20050106	US 2003-419068	20030418
	US 20040241842	A1	20041202	US 2003-748450	20031230
	US 20040259803	A1	20041223	US 2003-749122	20031230
	US 20040265285	A1	20041230	US 2003-749118	20031230
	US 20050020524	A1	20050127	US 2003-748831	20031230
	EP 1620545	A2	20060201	EP 2004-759971	20040419
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, PL, SK, HR				
PRAI	US 2003-418727	A	20030418		
	US 2003-418747	A	20030418		
	US 2003-419066	A	20030418		
	US 2003-419068	A	20030418		
	US 2003-527001P	P	20031205		
	US 2003-748450	A	20031230		
	US 2003-748831	A	20031230		
	US 2003-749118	A	20031230		
	US 2003-749122	A	20031230		
	AU 1999-9778	A	19990415		
	WO 2000-AU329	A2	20000417		
	AU 2000-745	A	20001013		
	US 2000-795286	B2	20001013		
	US 2000-795302	B2	20001013		
	US 2001-755646	B2	20010105		
	US 2001-755965	B2	20010105		
	US 2001-755983	B2	20010105		
	US 2001-758910	B2	20010110		
	US 2001-965394	A2	20010926		
	US 2001-965395	A2	20010926		
	US 2001-966575	A2	20010926		
	US 2001-966576	A2	20010926		
	US 2001-969510	B2	20011001		
	US 2001-976598	A2	20011012		
	US 2001-976599	A2	20011012		
	US 2001-976712	A2	20011012		
	US 2001-977479	A2	20011012		

WO 2001-AU1291 A 20011015
US 2004-399213 A2 20040213
WO 2004-US11913 W 20040419

AB The invention provides methods for preventing or treating illness, improving responsiveness to immunization, and improving the efficacy of gene therapy in a patient, by disrupting sex steroid mediated signaling and reactivating the patient's thymus. In some embodiments, the patient's thymus is reactivated by interruption or ablation of sex steroid mediated signaling by the administration of LHRH agonists, LHRH antagonists, anti-LHRH receptor antibodies, anti-LHRH vaccines, anti-androgens, anti-estrogens, selective estrogen receptor modulators (SERMs), selective androgen receptor modulators (SARMs), selective progesterone response modulators (SPRMs), ERDs, aromatase inhibitors, or various combinations thereof.

L2 ANSWER 11 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2003:431551 CAPLUS
DN 140:213571
TI Expansion and differentiation of multipotent stem cells in culture
IN Hossfeld, Dieter Kurt; Fiedler, Walter; Gehling, Ursula; Loges, Sonja
PA Universitaetsklinikum Hamburg-Eppendorf, Germany
SO PCT Int. Appl., 63 pp.
CODEN: PIXXD2
DT Patent
LA German
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2003046161	A2	20030605	WO 2002-EP13142	20021122
	WO 2003046161	A3	20040212		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
	DE 10158680	A1	20030612	DE 2001-10158680	20011130
	DE 10158680	B4	20040408		
	AU 2002352100	A1	20030610	AU 2002-352100	20021122
	EP 1453951	A2	20040908	EP 2002-787775	20021122
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, SK				
	US 20060051330	A1	20060309	US 2005-497101	20050309
PRAI	DE 2001-10158680	A	20011130		
	WO 2002-EP13142	W	20021122		

AB Culture conditions and growth factors that support the expansion of multipotent stem cells in culture are described. The invention also relates to a two-stage method for the expansion and differentiation of multipotent stem cells in ex vivo, during which the stem cells in the first stage, i.e. during the expansion phase, can be transformed with foreign DNA. In the phase, the differentiation of the multipotent stem cells optionally ensues to give hematopoietic, endothelial or mesenchymal cells. Stem cells, progenitor cells and mature cells of the hematopoietic, endothelial and mesenchymal cell line, all of which having been obtained in the aforementioned manner, can be used, among other things, for the prophylaxis, diagnosis, and treatment of human diseases and for tissue engineering. Methods of selecting CD133 antigen-bearing cells from monocytes and conditions for culturing them are

described.

L2 ANSWER 12 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2003:118590 CAPLUS
DN 138:163515
TI Method to inhibit cell growth using oligonucleotides
IN Gilchrest, Barbara A.; Eller, Mark S.; Yaar, Mina
PA Trustees of Boston University, USA
SO U.S. Pat. Appl. Publ., 64 pp., Cont.-in-part of Appl. No. PCT/US01/10162.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 8

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 20030032611	A1	20030213	US 2002-122633	20020412
	US 7033829	B2	20060425		
	US 7094766	B1	20060822	US 2000-540843	20000331
	WO 2001074342	A2	20011011	WO 2001-US10162	20010330
	WO 2001074342	A3	20020328		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	AU 2004233188	A1	20041104	AU 2004-233188	20040114
	CA 2519897	A1	20041104	CA 2004-2519897	20040114
	WO 2004094655	A2	20041104	WO 2004-US819	20040114
	WO 2004094655	A3	20060914		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
	RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
	EP 1620562	A2	20060201	EP 2004-702134	20040114
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
	JP 2007525162	T	20070906	JP 2006-508599	20040114
	US 20060183704	A1	20060817	US 2006-409706	20060424
	US 20060269924	A1	20061130	US 2006-553001	20060724
	AU 2008201448	A1	20080424	AU 2008-201448	20080328
PRAI	US 2000-540843	A2	20000331		
	WO 2001-US10162	A2	20010330		
	US 1995-467012	A2	19950606		
	WO 1996-US8386	A2	19960603		
	US 1998-48927	A2	19980326		
	US 2002-122633	A1	20020412		
	AU 2003-262191	A3	20030411		
	WO 2003-US11393	A	20030411		
	WO 2004-US819	W	20040114		

AB Methods are described for treating hyperproliferative disorders, including cancers, by administering to the affected mammal (e.g. a human) an effective amount of a composition comprising pTT or a composition comprising one or

more oligonucleotides which share at least 50% nucleotide sequence identity with the human telomere overhang repeat. Methods of treatment or prevention of hyperproliferative diseases or pre-cancerous conditions affecting epithelial cells, such as psoriasis, atopic dermatitis, or hyperproliferative or UV-responsive dermatoses, hyperproliferative diseases of other epithelia and methods for reducing photoaging, or oxidative stress or for prophylaxis against or reduction in the likelihood of the development of skin cancer, are also disclosed.

RE.CNT 75 THERE ARE 75 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 13 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2003:118589 CAPLUS
DN 138:180694
TI Method to inhibit cell growth using oligonucleotides
IN Gilchrest, Barbara A.; Eller, Mark S.; Yaar, Mina
PA USA
SO U.S. Pat. Appl. Publ., 65 pp., Cont.-in-part of Appl. No. PCT/US01/10162.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 8

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 20030032610	A1	20030213	US 2002-122630	20020412
	WO 9639152	A1	19961212	WO 1996-US8386	19960603
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	RW: KE, LS, MW, SD, SZ, UG, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA				
	US 6147056	A	20001114	US 1998-48927	19980326
	US 7094766	B1	20060822	US 2000-540843	20000331
	WO 2001074342	A2	20011011	WO 2001-US10162	20010330
	WO 2001074342	A3	20020328		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	CA 2481372	A1	20031023	CA 2003-2481372	20030411
	WO 2003087411	A1	20031023	WO 2003-US11393	20030411
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
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	AU 2003262191	A1	20031027	AU 2003-262191	20030411
	AU 2003262191	B2	20080410		
	EP 1499746	A1	20050126	EP 2003-746749	20030411
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	BR 2003009203	A	20050628	BR 2003-9203	20030411
	JP 2005522520	T	20050728	JP 2003-584349	20030411
	CN 1659288	A	20050824	CN 2003-813439	20030411
	AU 2004233188	A1	20041104	AU 2004-233188	20040114
	CA 2519897	A1	20041104	CA 2004-2519897	20040114
	WO 2004094655	A2	20041104	WO 2004-US819	20040114
	WO 2004094655	A3	20060914		
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	RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
	EP 1620562	A2	20060201	EP 2004-702134	20040114
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
	JP 2007525162	T	20070906	JP 2006-508599	20040114
	ZA 2004008211	A	20050831	ZA 2004-8211	20041011
	MX 2004PA10000	A	20050701	MX 2004-PA10000	20041012
	NO 2004004503	A	20041111	NO 2004-4503	20041021
	US 20060052323	A1	20060309	US 2005-195088	20050801
	US 20060269924	A1	20061130	US 2006-553001	20060724
	AU 2008201448	A1	20080424	AU 2008-201448	20080328
PRAI	WO 1996-US8386	A2	19960603		
	US 1998-48927	A2	19980326		
	US 2000-540843	A2	20000331		
	WO 2001-US10162	A2	20010330		
	US 1995-467012	A1	19950606		
	US 1997-952697	A2	19971206		
	US 1998-952697	B2	19981130		
	US 2002-122630	A	20020412		
	AU 2003-262191	A3	20030411		
	WO 2003-US11393	W	20030411		
	WO 2004-US819	W	20040114		

AB Described are methods for treating hyperproliferative disorders, including cancers, by administering to the affected mammal (e.g., human) an effective amount of a composition comprising pTT or a composition comprising one or more oligonucleotides which share at least 50% nucleotide sequence identity with the human telomere overhang repeat. Methods of treatment or prevention of hyperproliferative diseases or pre-cancerous conditions affecting epithelial cells, such as psoriasis, atopic dermatitis, or hyperproliferative or UV-responsive dermatoses, hyperproliferative diseases of other epithelia and methods for reducing photoaging, or oxidative stress or for prophylaxis against or reduction in the likelihood of the development of skin cancer, are also disclosed.

L2 ANSWER 14 OF 14 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2000:335533 CAPLUS
DN 133:1477
TI Induction of cell differentiation in vitro using genes for growth or differentiation factors and use of the cells in the treatment of disease
IN Sedlacek, Hans-harald; Havemann, Klaus; Muller, Rolf
PA Aventis Pharma Deutschland GmbH, Germany
SO PCT Int. Appl., 39 pp.
CODEN: PIXXD2
DT Patent

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LA   German
FAN.CNT 1
     PATENT NO.          KIND   DATE        APPLICATION NO.        DATE
     ---------------     ----   --------    --------------------   --------
PI   WO 2000028010        A2    20000518    WO 1999-EP7902         19991019
     WO 2000028010        A3    20000727
         W:  AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU,
             CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL,
             IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA,
             MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI,
             SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW
         RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE,
             DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF,
             CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
     DE 19850986           A1    20000525    DE 1998-19850986       19981105
     CA 2349497            A1    20000518    CA 1999-2349497        19991019
     EP 1127109            A2    20010829    EP 1999-953880         19991019
         R:  AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
             IE, SI, LT, LV, FI, RO
     JP 2002529080         T     20020910    JP 2000-581177         19991019
PRAI DE 1998-19850986      A     19981105
     WO 1999-EP7902        W     19991019
AB   A method of generating cells that can be used for treatment of disease by
     is described.  Cells from a patient are cultured and transformed in vitro
     with a genes encoding growth or differentiation factors that will give the
     cells a therapeutically useful phenotype and that are capable of
     differentiation in a desired manner once they are re-introduced into the
     human body.  In particular, monocytes or other cells of the lymphatic
     system are used and they can be induced to form endothelial cells,
     osteoblasts, glia, or synovial cells inter alia.  The invention also
     relates to cells which are obtained by said method and to their use for
     producing a medicament for treating diseases.


=> s l1 and cell division
       2489231 CELL
         92283 DIVISION
         46277 CELL DIVISION
                 (CELL(W)DIVISION)
L3           1 L1 AND CELL DIVISION

=> d bib abs

L3   ANSWER 1 OF 1  CAPLUS  COPYRIGHT 2008 ACS on STN
AN   2005:258572  CAPLUS
DN   142:291458
TI   Substances for apoptosis regulation, in particular apoptosis stimulation,
     and mitochondrial potassium channel interaction-based substance screening
     method
IN   Gulbins, Erich; Adams, Constantin; Szabo, Ildiko
PA   Universitat Duisburg-Essen, Germany
SO   Ger. Offen., 42 pp.
     CODEN: GWXXBX
DT   Patent
LA   German
FAN.CNT 1
     PATENT NO.          KIND   DATE        APPLICATION NO.        DATE
     ---------------     ----   --------    --------------------   --------
PI   DE 10337904           A1    20050324    DE 2003-10337904       20030818
PRAI DE 2003-10337904            20030818
AB   The invention discloses apoptosis-inducing or apoptosis-stimulating
     substances for preventive or curative treatment of diseases of the human
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or animal body, by which, in particular, an excessive reduction of apoptosis and/or excessive increase of cell growth or cell division occurs and/or are thereby connected or by which a therapeutically targeted apoptosis of the concerned cells is intended, as well as its use in appropriate therapeutic procedures. Also disclosed are test systems for the identification of such substances. Through interaction with the mitochondrial potassium channel of the concerned cells, apoptosis of these cells is induced or stimulated.
RE.CNT 8 THERE ARE 8 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> s l1 and platinum
244186 PLATINUM
L4 2 L1 AND PLATINUM

=> d 1-2 bib abs

L4 ANSWER 1 OF 2 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:1308609 CAPLUS
DN 147:534630
TI Methods and compositions for treatment of human immunodeficiency virus infection with conjugated antibodies or antibody fragments
IN Goldenberg, David M.; Chang, Chien Hsing; Rossi, Edmund A.; McBride, William J.
PA Immunomedics, Inc., USA
SO U.S. Pat. Appl. Publ., 25pp.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 1

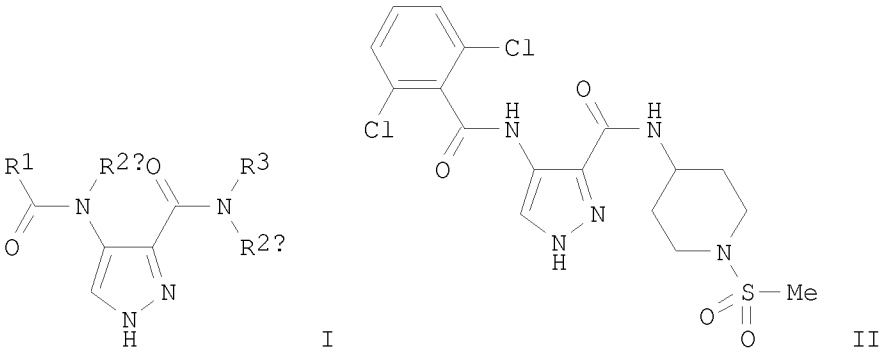
PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 20070264265	A1	20071115	US 2007-745692	20070508
PRAI US 2006-800342P	P	20060515		

AB The present invention concerns methods and compns. for treatment of HIV infection in a subject. The compns. may comprise a targeting mol. against an HIV antigen, such as an anti-HIV antibody or antibody fragment. The anti-HIV antibody or fragment may be conjugated to a variety of cytotoxic agents, such as doxorubicin. In a preferred embodiment, the antibody or fragment is P4/D10. Other embodiments may concern methods of imaging, detection or diagnosis of HIV infection in a subject using an anti-HIV antibody or fragment conjugated to a diagnostic agent. In alternative embodiments, a bispecific antibody with at least one binding site for an HIV antigen and at least one binding site for a carrier mol. may be administered, optionally followed by a clearing agent, followed by administration of a carrier mol. conjugated to a therapeutic agent.

L4 ANSWER 2 OF 2 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:1300709 CAPLUS
DN 147:522230
TI Pharmaceutical combinations of diazole derivatives for cancer treatment and their preparation
IN Squires, Matthew Simon
PA Astex Therapeutics Limited, UK
SO PCT Int. Appl., 254pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE

PI WO 2007129062 A1 20071115 WO 2007-GB1640 20070504
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, MT, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
PRAI US 2006-746694P P 20060508
US 2006-830966P P 20060714
OS MARPAT 147:522230
GI



AB The invention provides a combination comprising (or consisting essentially of) an ancillary compound and a compound of the formula I, or salts, tautomers, solvates and N-oxides thereof. The combinations have activity as inhibitors of CDK kinases and inhibit the proliferation of cancer cells. Compds. of formula I wherein, R1 is 2,6-dichlorophenyl; R2a and R2b are both H; R3 is C1-4 alkyl-SO2-piperidinyl; and their salts, tautomers, solvates, and N-oxides thereof, are claimed. Example compound II was prepared by methylation of 4-nitropyrazole-3-carboxylic acid; the resulting 4-nitropyrazole-3-carboxylic acid Me ester underwent hydrogenation to give 4-aminopyrazole-3-carboxylic acid Me ester, which underwent acylation with 2,6-dichlorobenzoyl chloride followed by hydrolysis to give 4-(2,6-dichlorobenzoylamino)-1H-pyrazole-3-carboxylic acid, which underwent amidation with 4-amino-1-Boc-piperidine, to give 4-[[4-(2,6-dichlorobenzoylamino)-1H-pyrazole-3-carbonyl]amino]piperidine-1-carboxylic acid tert-Bu ester, which underwent hydrolysis to give 4-(2,6-dichlorobenzoylamino)-1H-pyrazole-3-carboxylic acid piperidin-4-yl amide hydrochloride, which underwent sulfonylation with methanesulfonyl chloride to give compound II. The crystal structure of compound II was also determined The invention compds. were evaluated for their CDK kinase inhibitory activity (some data given).
RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> s platinum complexes
244186 PLATINUM

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        790240 COMPLEXES
L5        9301 PLATINUM COMPLEXES
                (PLATINUM(W)COMPLEXES)

=> s l5 and cancer
        383181 CANCER
L6         431 L5 AND CANCER

=> s l6 and prophylaxix
             3 PROPHYLAXIX
L7           0 L6 AND PROPHYLAXIX

=> s l6 and prophylaxis
         25576 PROPHYLAXIS
L8           3 L6 AND PROPHYLAXIS

=> d 1-3 bib abs

L8   ANSWER 1 OF 3  CAPLUS  COPYRIGHT 2008 ACS on STN
AN   2008:1008939  CAPLUS
DN   149:282993
TI   Thrombopoietin receptor agonist for treatment of cancer
IN   Erickson-Miller, Connie Lynn
PA   Smithkline Beecham Corporation, USA
SO   PCT Int. Appl., 53pp.
     CODEN: PIXXD2
DT   Patent
LA   English
FAN.CNT 1
     PATENT NO.          KIND   DATE        APPLICATION NO.        DATE
     ---------------     ----   --------    --------------------   --------
PI   WO 2008101141        A2    20080821    WO 2008-US54046        20080215
     WO 2008101141        A3    20081016
         W:  AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ,
             CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES,
             FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE,
             KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD,
             ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH,
             PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM,
             TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW
         RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU,
             IE, IS, IT, LT, LU, LV, MC, MT, NL, NO, PL, PT, RO, SE, SI, SK,
             TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD,
             TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW,
             AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AP, EA, EP, OA
PRAI US 2007-890236P      P     20070216
     US 2007-892552P      P     20070302
     US 2007-908205P      P     20070327
     US 2007-949347P      P     20070712
     US 2007-952289P      P     20070727
     US 2007-969192P      P     20070831
     US 2007-977216P      P     20071003
OS   MARPAT 149:282993
AB   Invented is a method of treating cancer and pre-cancerous
     syndromes in a mammal, including a human, in need thereof which comprises
     the administration of a therapeutically effective amount of a non-peptide
     TPO receptor agonist to such mammal.

L8   ANSWER 2 OF 3  CAPLUS  COPYRIGHT 2008 ACS on STN
AN   2007:937910  CAPLUS
DN   147:227163
TI   Biotin-conjugated platinum complexes for targeted drug
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delivery
IN Kay, Heidi
PA University of South Florida, USA
SO PCT Int. Appl., 36pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2007008247	A2	20070118	WO 2005-US41129	20051110
	WO 2007008247	A3	20070705		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
	RW: AP, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, EA, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, EP, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, OA, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
	EP 1819716	A2	20070822	EP 2005-858490	20051110
	R: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LI, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, AL, BA, HR, MK, YU				
	JP 2008519859	T	20080612	JP 2007-541392	20051110
PRAI	US 2004-626730P	P	20041110		
	WO 2005-US41129	W	20051110		

OS MARPAT 147:227163
AB The invention discloses biotin-conjugated platinum complexes that exhibit direct and indirect (immunol.) antitumor cell activity. The invention also discloses the biotin-platinum complexes of the invention that have another mol., such as an antibody, a ligand, a receptor, etc., bound to the biotin moiety. The invention further discloses the use of platinum complexes of the invention to treat oncol. and inflammatory disorders. The platinum complexes of the invention can also be used to treat or prevent infection by a virus or a bacterial or parasitic organism in vivo or in vitro.

L8 ANSWER 3 OF 3 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2006:100341 CAPLUS
DN 144:184709
TI Metal complexes of phosphole derivatives, and their therapeutic use
IN Davioud Charvet, Elisabeth; Becker Brandenburg, Katja; Deborde, Valerie; Reau, Regis; Schirmer, R. Heiner
PA Centre National de la Recherche Scientifique CNRS, Fr.
SO Fr. Demande, 33 pp.
CODEN: FRXXBL
DT Patent
LA French
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	FR 2873586	A1	20060203	FR 2004-8427	20040730
	FR 2873586	B1	20061027		
	CA 2576781	A1	20060309	CA 2005-2576781	20050729
	WO 2006024770	A2	20060309	WO 2005-FR2004	20050729
	WO 2006024770	A3	20060413		

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         W:  AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH,
             CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD,
             GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KP, KR, KZ,
             LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA,
             NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK,
             SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU,
             ZA, ZM, ZW
         RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE,
             IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ,
             CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH,
             GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY,
             KG, KZ, MD, RU, TJ, TM
     EP 1771181           A2    20070411    EP 2005-793737         20050729
     EP 1771181           B1    20080910
         R:  AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE,
             IS, IT, LI, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR
     AT 407681            T     20080915    AT 2005-793737         20050729
     US 20080045465       A1    20080221    US 2007-658694         20070406
PRAI FR 2004-8427         A     20040730
     WO 2005-FR2004       W     20050729
OS   MARPAT 144:184709
GI
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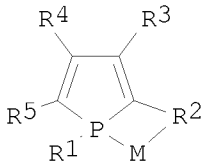

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AB   The invention discloses pharmaceutical compns. including at least one
     compound I [a = bond; R1 = (un)branched C1-6 alkyl, (un)saturated C3-7
     cycloalkyl, C6-14 aryl, etc.; R2 = N-containing heteroaryl, N-containing
     heterocyclyl; R3, R4 = H, (un)branched C1-6 alkyl, (un)saturated C3-7
     cycloalkyl, etc.; R5 = H, N-containing heterocyclyl, S-containing heterocyclyl,
     (un)branched C1-6 alkyl, etc.; M = metal atom], as well as their use for
     the prevention or treatment of diseases related to an excessive activity
     of glutathione reductase and/or thioredoxin reductase.  Diseases treated
     according to the invention include e.g. cancer and psoriasis.
     Compound preparation is included.
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RE.CNT  4     THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD
              ALL CITATIONS AVAILABLE IN THE RE FORMAT


=> s cancer and treatments
        383181 CANCER
        236579 TREATMENTS
L9        7273 CANCER AND TREATMENTS

=> s l9 and platimum
             5 PLATIMUM
L10          0 L9 AND PLATIMUM

=> s l9 and platinum
        244186 PLATINUM
L11       169 L9 AND PLATINUM

=> s l11 and review
       2393325 REVIEW
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L12         69 L11 AND REVIEW

=> s l12 and mode of action
        379670 MODE
        854234 ACTION
         25576 MODE OF ACTION
                (MODE(1W)ACTION)
L13          0 L12 AND MODE OF ACTION

=> d l12 1-69 bib abs

L12  ANSWER 1 OF 69  CAPLUS  COPYRIGHT 2008 ACS on STN
AN   2008:1085249  CAPLUS
TI   Molecule-targeted agents in endometrial cancer
AU   Delmonte, Angelo; Sessa, Cristiana
CS   Ospedale S. Giovanni, Oncology Institute of Southern Switzerland,
     Bellinzona, CH-6500, Switz.
SO   Current Opinion in Oncology (2008), 20(5), 554-559
     CODEN: CUOOE8; ISSN: 1040-8746
PB   Lippincott Williams & Wilkins
DT   Journal
LA   English
AB   Purpose of review: Endometrial cancer is the most
     common gynaecol. malignancy for which platinum-based and
     anthracycline-based combinations, with/without taxanes, are the most
     active but toxic treatments.  The preliminary results achieved
     with two mol.-targeted agents suggest that a better knowledge in mol.
     biol. of this neoplasm might improve the clin. outcome.  Recent findings:
     Two major types (type I and type II) of endometrial cancer are
     known with specific features and different changes in the genetic setting.
     Mutation of phosphatase and tensin homolog deleted on chromosome 10,
     leading to hyperactivation of the mammalian target of rapamycin pathway,
     is a common alteration in type I, whereas human epidermal growth factor
     receptor 2/neu overexpression, with increased tumor proliferation, is
     frequent in type II.These alterations provide the rationale for
     mol.-targeted treatments.  Phase II studies have been performed
     with the three major rapamycin analog mammalian target of rapamycin
     inhibitors in recurrent or advanced endometrial cancer with
     promising results.  Hyperexpression of human epidermal growth factor
     receptor 2/neu in endometrial cancer justifies clin. evaluation
     of trastuzumab, the humanized antihuman epidermal growth factor receptor
     2/neu monoclonal antibody.  Summary: As with other targeted therapies,
     antitumor activity as single agent is limited but there is clear
     pharmacol. indication for the evaluation of combination regimens, based on
     preclin. and clin. data.  The identification of biomarkers of biol.
     effects might help in the selection of potential responders.

L12  ANSWER 2 OF 69  CAPLUS  COPYRIGHT 2008 ACS on STN
AN   2008:987373  CAPLUS
DN   149:214942
TI   Targeting blood vessels for the treatment of non-small cell lung
     cancer
AU   Amir, Ethan; Hughes, Sarah; Blackhall, Fiona; Thatcher, Nick; Ostoros,
     Gyula; Timar, Jozsef; Tovari, Jozsef; Kovacs, Gabor; Dome, Balazs
CS   Department of Medical Oncology, Christie Hospital NHS Trust, Manchester,
     UK
SO   Current Cancer Drug Targets (2008), 8(5), 392-403
     CODEN: CCDTB9; ISSN: 1568-0096
PB   Bentham Science Publishers Ltd.
DT   Journal; General Review
LA   English
AB   A review.  Non-small cell lung cancer (NSCLC) is the
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leading cause of cancer-related mortality worldwide. Although modest survival benefit has been observed with surgery, radiotherapy and platinum-based chemotherapy, an efficacy plateau has been reached. It has become obvious, therefore, that addnl. treatments are needed in order to provide an improved survival benefit for these patients. The use of mol. targeted therapies, particularly those against tumor capillaries, has the potential to improve outcomes for NSCLC patients. Bevacizumab, a recombinant humanized monoclonal antibody against vascular endothelial growth factor (VEGF), is the first targeted drug that has shown survival advantage when combined with chemotherapy in NSCLC. Other antivascular agents, including vascular disrupting agents (VDAs) and different small-mol. receptor tyrosine kinase inhibitors, have also shown promise in phase I and II trials in NSCLC. The aim of this study is to describe the clin. properties of these drugs and to discuss the evidence that supports their use in the treatment of NSCLC. Furthermore, we plan to review the main pitfalls of antivascular strategies in NSCLC cancer therapy as well as assess the future direction of these treatment methods with an emphasis on clarifying the mol. background of the effects of these drugs and defining the biomarkers.
RE.CNT 113 THERE ARE 113 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 3 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2008:657083 CAPLUS
DN 149:258672
TI Locoregionally Advanced Head and Neck Cancer Treated With Primary Radiotherapy: A Comparison of the Addition of Cetuximab or Chemotherapy and the Impact of Protocol Treatment
AU Caudell, Jimmy J.; Sawrie, Stephen M.; Spencer, Sharon A.; Desmond, Renee A.; Carroll, William R.; Peters, Glenn E.; Nabell, Lisle M.; Meredith, Ruby F.; Bonner, James A.
CS Department of Radiation Oncology, University of Alabama-Birmingham, Birmingham, AL, USA
SO International Journal of Radiation Oncology, Biology, Physics (2008), 71(3), 676-681
CODEN: IOBPD3; ISSN: 0360-3016
PB Elsevier Inc.
DT Journal
LA English
AB Purpose: The addition of platinum-based chemotherapy (ChRT) or cetuximab (ExRT) to concurrent radiotherapy (RT) has resulted in improved survival in Phase III studies for locoregionally advanced head and neck cancer (LAHNC). However the optimal treatment regimen has not been defined. A retrospective study was performed to compare outcomes in patients who were treated definitively with ExRT or ChRT. Methods: Cetuximab with concurrent RT was used to treat 29 patients with LAHNC, all of whom had tumors of the oral cavity, oropharynx, or larynx. All patients were T2 to T4 and overall American Joint Committee on Cancer Stage III to IVB, with a Karnofsky Performance Status (KPS) score of 60 or greater. ChRT was used to treat 103 patients with similar characteristics. Patients were evaluated for locoregional control (LRC), distant metastasis-free survival (DMFS), disease-specific survival (DSS), and overall survival (OS). Median follow-up for patients alive at last contact was 83 mo for those treated with ExRT and 53 mo for those treated with ChRT. Cox proportional hazard models were used to assess independent prognostic factors. Results: The LRC, DMFS, and DSS were not significantly different, with 3-yr rates of 70.7%, 92.4%, and 78.6% for ExRT and 74.7%, 86.6%, and 76.5% for ChRT, resp. The OS was significantly different between the two groups ($p = 0.02$), with 3-yr rates of 75.9% for ExRT and 61.3% for ChRT. OS was not significant when patients who were on protocol treatments of ExRT or ChRT were compared. Also, OS was not significant when multivariate anal. was used to control for potential

confounding factors. Conclusion: In our single-institution retrospective review of patients treated with ExRT or ChRT, no significant differences were found in LRC, DMFS, DSS, or OS.
RE.CNT 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 4 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2008:553045 CAPLUS
DN 149:126052
TI The impact of T-cell immunity on ovarian cancer outcomes
AU Nelson, Brad H.
CS Trev & Joyce Deeley Research Centre, British Columbia Cancer Agency, Victoria, BC, Can.
SO Immunological Reviews (2008), 222, 101-116
CODEN: IMRED2; ISSN: 0105-2896
PB Blackwell Publishing Ltd.
DT Journal; General Review
LA English
AB A review. Ovarian cancer remains a challenging disease for which improved treatments are urgently needed. Most patients present with advanced disease that is highly responsive to surgery combined with platinum- and taxane-based chemotherapy, with a state of minimal residual disease being achieved in many cases. However, chemotherapy-resistant recurrent tumors typically appear within 1-5 years and are ultimately fatal. Recently, several groups have shown that ovarian tumors are often infiltrated by activated T cells at the time of diagnosis, and patients with dense infiltrates of CD3+CD8+ T cells experience unexpectedly favorable progression-free and overall survival. Other cell types in the immune infiltrate oppose anti-tumor immunity, including CD4+CD25+FoxP3+ regulatory T cells, CD8+ regulatory T cells, macrophages, and dendritic cells. The composition of immune infiltrates is shaped by the expression of cytokines, chemokines, antigens, major histocompatibility complex mols., and costimulatory mols. The relationship between these various immunol. factors is reviewed here with a strong emphasis on outcomes data so as to create a knowledge base that is well grounded in clin. reality. With improved understanding of the functional properties of natural CD8+ T-cell responses to ovarian cancer, there is great potential to improve clin. outcomes by amplifying host immunity.
RE.CNT 203 THERE ARE 203 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 5 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2008:295855 CAPLUS
DN 148:440124
TI Considerations for second-line therapy of non-small cell lung cancer
AU Stinchcombe, Thomas E.; Socinski, Mark A.
CS Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA
SO Oncologist (2008), 13(Suppl. 1), 28-36
CODEN: OCOLF6; ISSN: 1083-7159
PB AlphaMed Press
DT Journal; General Review
LA English
AB A review. For patients with advanced non-small cell lung cancer and a good functional status, platinum-based first-line chemotherapy improves quality of life, reduces disease-related symptoms, and improves survival. The addition of bevacizumab to carboplatin and paclitaxel in the first-line setting has been shown to produce a higher response rate and longer progression-free survival and overall survival times than with carboplatin and paclitaxel. Despite these

therapies, all patients inevitably experience disease progression. There are currently three agents approved for treating patients who progress after one prior regimen: docetaxel, pemetrexed, and erlotinib. Erlotinib is also indicated for patients who progress after two prior regimens. These agents appear to have similar efficacies in terms of response and overall survival, but have significantly different toxicity profiles. Currently, the choice of agent depends on a number of factors, including the patient's comorbidities, toxicity from previous treatments, the risk for neutropenia, smoking history, and patient preference. A better understanding of prognostic factors in the second-line setting may allow clinicians to better select patients for second-line therapy, and lead to better-designed second-line trials. Patients with a good performance status in second-line trials have a median survival duration of approx. 9 mo, and may receive two second-line therapies during the course of their treatment. Several new agents have shown activity in phase II trials, and may be integrated into second-line therapy as single agents or in combination with current agents in the future.
RE.CNT 56 THERE ARE 56 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 6 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2008:237343 CAPLUS
DN 149:298418
TI Therapies in development for castrate-resistant prostate cancer
AU Harzstark, Andrea L.; Ryan, Charles J.
CS Department of Medicine, University of California, San Francisco, CA, 94115, USA
SO Expert Review of Anticancer Therapy (2008), 8(2), 259-268
CODEN: ERATBJ; ISSN: 1473-7140
PB Future Drugs Ltd.
DT Journal; General Review
LA English
AB A review. The paucity of active medical therapies for advanced prostate cancer underlies a critical need for clin. research in this area. Multiple new treatments are being evaluated, including therapies that target adrenal androgens, such as abiraterone; new chemotherapies, such as the oral platinum analog, satraplatin, and an epothilone analog, ixabepilone; combinations of chemotherapy with other agents, such as the VEGF inhibitor, bevacizumab, and calcitriol; as well as multiple immunotherapeutics, including sipuleucel-T, GVAX and ipilimumab. This review will highlight the promise of these new approaches and the challenges to their development.
RE.CNT 54 THERE ARE 54 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 7 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2008:98756 CAPLUS
DN 148:447412
TI Cetuximab: a review of its use in squamous cell carcinoma of the head and neck and metastatic colorectal cancer
AU Blick, Stephanie K. A.; Scott, Lesley J.
CS Wolters Kluwer Health, Auckland, N. Z.
SO Drugs (2007), 67(17), 2585-2607
CODEN: DRUGAY; ISSN: 0012-6667
PB Wolters Kluwer Health
DT Journal; General Review
LA English
AB A review. Cetuximab (Erbitux) is a human-mouse chimeric monoclonal antibody, which competitively binds to the accessible extracellular domain of the epidermal growth factor receptor (EGFR) to inhibit dimerization and, subsequently, inhibit tumor growth and

metastasis. In the EU and the US, cetuximab has been approved for use with concomitant radiotherapy in patients with locally advanced squamous cell carcinoma of the head and neck (SCCHN) and in combination with irinotecan for the treatment of metastatic colorectal cancer (mCRC) in patients with EGFR-expressing tumors who are refractory to irinotecan-based therapy. In the US, cetuximab has also been approved as monotherapy in patients with recurrent or metastatic SCCHN for whom platinum-based therapy has failed and in patients with mCRC who are intolerant of irinotecan-based regimens. In treatment-naive patients with locoregionally advanced SCCHN, cetuximab plus radiotherapy was more effective than radiation therapy alone in prolonging locoregional disease control. In addition, more limited noncomparative data from a large trial indicated a 13% overall objective response rate (ORR) in platinum -refractory patients with SCCHN. In patients with EGFR-expressing mCRC, cetuximab plus irinotecan improved ORR more than cetuximab monotherapy in a trial in irinotecan-refractory patients; however, there was no difference in overall survival (OS) between cetuximab plus irinotecan and cetuximab monotherapy in oxaliplatin-refractory recipients in another trial. In an ongoing trial, progression-free survival (PFS) exceeded 50% after 12 wk in irinotecan-refractory patients receiving three different dosages of cetuximab plus irinotecan. In another large trial, cetuximab monotherapy prolonged OS compared with best supportive care (BSC) in heavily pretreated patients. Overall, cetuximab treatment had an acceptable tolerability profile, with the majority of adverse events being mild or moderate in severity and clin. manageable. In particular, cetuximab therapy did not exacerbate toxicities commonly associated with chemo- or radiotherapeutic regimens. Albeit occurring with high incidence, adverse cutaneous reactions appear to be a marker for response.Results of ongoing head-to-head comparative trials comparing cetuximab with other biol. agents will help to establish definitively the role of cetuximab in the management of SCCHN and mCRC. In the meantime, cetuximab, with its highly targeted mechanism of action and synergistic activity with current treatment modalities, is a valuable treatment option in patients with SCCHN and mCRC. Pharmacol. Properties Cetuximab binds to the readily accessible extracellular domain of the EGFR with high affinity (dissociation constant = 0.39 nmol/L), competing with endogenous ligand binding.

This competition, resulting in the blockade of receptor-dependent signal transduction pathways, provides antitumor effects involving a number of different actions including cell-cycle arrest, induction of apoptosis, inhibition of angiogenesis, inhibition of metastasis, internalization and downregulation of the EGFR, antibody-dependent cellular cytotoxicity and enhancement of sensitivity to radio- or chemotherapy. Cetuximab recipients have a low propensity for developing human antichimeric antibodies. Cetuximab exhibits nonlinear pharmacokinetics in the dose range of 50-500 mg/m2, independent of concurrent administration of radio- or chemotherapy. Greater than dose-proportional increases in mean maximum plasma concns. and mean area under the plasma concentration-time curve were observed with cetuximab doses up to 500 mg/m2; the volume of distribution was approx. equal to that of vascular space. The major route of cetuximab clearance is hypothesised to be via internalization of the antibody-receptor complex. Cetuximab has a long terminal elimination half-life of approx. 112 h. Importantly, no significant pharmacokinetic interactions were observed with the concomitant administration of cetuximab and irinotecan in patients with mCRC. Therapeutic Efficacy In clin. trials, cetuximab was generally administered as a 120-min i.v. infusion of 400 mg/m2, followed by weekly 60-min infusions of 250 mg/m2, with treatment continuing until disease progression or unacceptable toxicity. In a large (n >400), randomized, open-label, phase III trial in treatment-naive patients with SCCHN, combining cetuximab with high-dose radiation therapy significantly increased locoregional control (primary endpoint), compared with radiation

monotherapy, with a 32% reduction in the risk of locoregional progression. Combination treatment was also associated with a significantly lower risk of disease progression, higher PFS rates and a greater ORR. In a noncomparative study in 103 platinum-refractory patients with SCCHN, cetuximab monotherapy was associated with an overall ORR (primary endpoint) of 13% and a disease control rate of almost 50%. As second- and subsequent-line therapy in the large (n >300) well designed BOND trial in EGFR-pos. patients with mCRC who were refractory to irinotecan, cetuximab plus irinotecan was associated with significantly greater ORR than cetuximab monotherapy. In this trial, there was a 46% reduction in the risk of progression in the combination group; however, no significant between-group difference in OS was observed There was also no significant between-group difference in OS in another large (n ≈1300), well designed trial (EPIC) [primary endpoint], although cetuximab plus irinotecan therapy was associated with significantly higher overall response rates and longer PFS than irinotecan monotherapy. The primary endpoint of PFS at 12 wk exceeded the predicted rate of 50% in an ongoing trial evaluating three dosages of irinotecan combined with cetuximab. In a large (n = 572) randomized trial in heavily pretreated patients with mCRC, the addition of cetuximab treatment to BSC significantly improved median OS times (primary endpoint) and ORR compared with BSC and reduced the risk of disease progression by 32%. In patients with mCRC or SCCHN, the addition of cetuximab to chemotherapy or radiotherapy did not neg. impact on health-related quality of life (HR-QOL), compared with either monotherapy. Furthermore, compared with BSC, cetuximab plus BSC was associated with significantly less deterioration in HR-QOL, and cetuximab plus irinotecan was associated with less deterioration in pain, nausea and global health status than irinotecan monotherapy. Pharmacoeconomic Analyses Findings from modeling studies from a healthcare payer perspective showed that the predicted incremental costs per quality-adjusted life-year gained of a cetuximab treatment regimen relative to the comparator were generally below recognized thresholds of acceptability. These models predict that the direct medical cost of cetuximab in combination with either radiotherapy or irinotecan is higher than that of other treatments ; however, the higher cost is partly offset by increases in life expectancy and redns. in the incidence and costs of complications. Tolerability Adverse events directly attributable to cetuximab therapy are difficult to determine given the morbidity of the patient population and the effects of concomitant therapies such as chemo- or radiotherapy. Cetuximab, added to chemo- or radiotherapy regimens, did not exacerbate toxicities commonly associated with such regimens. Cetuximab has an acceptable tolerability profile; the majority of adverse events that occurred during clin. trials were of mild or moderate intensity and tended to resolve on cessation of cetuximab. In pooled analyses, the most common adverse events associated with cetuximab administration that occurred in ≥25% of patients with SCCHN or mCRC in any treatment group were: acneform rash (skin eruptions), weight loss, asthenia, diarrhea, xerostomia, dysphagia, nausea, abdominal pain, anorexia, constipation, vomiting, fever, pharyngitis, dehydration, stomatitis, leukopenia and headache. The incidence of severe adverse events during clin. trials was low and included infusion reactions, acneform rash, hypersensitivity, cardiopulmonary arrest, hypomagnesemia and pulmonary toxicity; a black box warning has been included in the US manufacturer's prescribing information regarding infusion reactions and cardiopulmonary arrest.

RE.CNT 78 THERE ARE 78 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 8 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:1417586 CAPLUS
DN 148:228769
TI Modern management of small-cell lung cancer
AU Ferraldeschi, Roberta; Baka, Sofia; Jyoti, Babita; Faivre-Finn, Corinne;

Thatcher, Nick; Lorigan, Paul
CS Christie Hospital NHS Foundation Trust, Manchester, UK
SO Drugs (2007), 67(15), 2135-2152
CODEN: DRUGAY; ISSN: 0012-6667
PB Wolters Kluwer Health
DT Journal; General Review
LA English
AB In this article, we review best standard practice for the management of small-cell lung cancer (SCLC) and indicate the likely areas of development over the next 5-10 years. A number of prognostic scores have been developed and these allow more rational decisions on treatment. Treatment with cisplatin plus etoposide with early, concurrent radiotherapy is the standard of care for patients with limited-stage disease (LD) suitable for this approach. A 5-yr survival rate of 25% has been reported for concurrent hyperfractionated radiotherapy; however, the applicability of this in most busy hospitals is uncertain and this treatment is currently being compared with a high-dose, once-daily regimen. Patients unsuitable for concurrent chemo-radiotherapy are treated with a sequential approach. Patients with LD responding to treatment should be offered prophylactic cranial irradiation (PCI). A variety of strategies for improving survival have been investigated. Intensification of chemotherapy has not shown any clear survival advantage, but maintenance of dose intensity in patients with good prognosis is important. The evidence around maintenance therapy is conflicting and this is not routinely used. Patients with extensive-stage disease but few other adverse prognostic factors should be treated with a platinum compound plus etoposide, and carboplatin is a reasonable choice. Responding patients should be offered PCI as this is associated with a survival benefit. The initial pos. results for irinotecan have not been repeated in a larger study. Age is not a prognostic factor, but caution needs to be exercised as prognostic scores do not reflect co-morbidity. Patients with relapsed disease have a poor prognosis, but there is evidence of a survival benefit for salvage chemotherapy in those fit for treatment. The choice of treatment will depend on a number of factors, including the disease-free interval. Topotecan is the only drug licensed in this indication, but myelosuppression is considerable. A number of new drugs are under evaluation and showing promise in SCLC. One of the most promising of these is amrubicin. A large randomised study has failed to show any benefit from the addition of thalidomide to chemotherapy with carboplatin and etoposide in extensive-stage disease patients responding to chemotherapy. Studies of a number of targeted treatments are also ongoing. The challenge for the future is to identify new targets, overcome drug-resistance mechanisms and redundancy in biol. systems, and incorporate these new treatments into concurrent chemo-radiotherapy schedules.
RE.CNT 158 THERE ARE 158 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 9 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:1232536 CAPLUS
DN 148:68809
TI Some uses of transition metal complexes as anti-cancer and anti-HIV agents
AU Wai-Yin Sun, Raymond; Ma, Dik-Lung; Wong, Ella Lai-Ming; Che, Chi-Ming
CS Department of Chemistry and Open Laboratory of Chemical Biology of the Institute of Molecular Technology for Drug Discovery and Synthesis, The University of Hong Kong, Hong Kong, Peop. Rep. China
SO Dalton Transactions (2007), (43), 4884-4892
CODEN: DTARAF; ISSN: 1477-9226
PB Royal Society of Chemistry
DT Journal; General Review
LA English

AB A review. The success of the clin. uses of cisplatin, cis-[PtII(NH3)2Cl2], has stimulated considerable interest in using other metal complexes as new therapeutic agents. This perspective describes our recent work on several classes of gold(III), platinum(II), ruthenium(II, III, IV), iron(II) and vanadium(IV) complexes for anti-cancer and anti-HIV treatments.
RE.CNT 90 THERE ARE 90 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 10 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:1181151 CAPLUS
DN 147:533921
TI Ovarian cancer: is dose intensity dead?
AU Ozols, Robert F.
CS Fox Chase Cancer Center, Philadelphia, PA, USA
SO Journal of Clinical Oncology (2007), 25(27), 4157-4158
CODEN: JCONDN; ISSN: 0732-183X
PB American Society of Clinical Oncology
DT Journal; General Review
LA English
AB A review. The research of Mobus et al. (2007) entitled "High-dose sequential chemotherapy with peripheral blood steam cell support compared with standard dose chemotherapy for first line treatment of advanced ovarian cancer: Results of a phase Intergroup trial of the AGO-Ovar/AIO and EBMT" is reviewed with commentary and refs. The two-decade saga of high-dose therapy in ovarian cancer emphasizes the need for earlier initiation of randomized trials in testing new treatments and concepts. While a neg. phase II trial appears to be predictive of a lack of ultimate benefit, the results of a pos. phase II trial often are not confirmed in phase III studies. Based on phase II trials demonstrating that three-drug combinations (eg, paclitaxel plus carboplatin plus gemcitabine) produced a very high response rate, the Gynecol. Cancer InterGroup performed a five-arm phase III trial of triplets and doublets compared with standard paclitaxel and carboplatin. This large trial failed to show any advantage for the exptl. arms and remains a model of how new regimens can be tested in a timely manner with international cooperation.
RE.CNT 17 THERE ARE 17 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 11 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:930857 CAPLUS
DN 147:335355
TI Where are we with the treatment of metastatic bladder cancer?
AU Papatsoris, Athanasios G.; Kachrilas, Stefanos; Gekas, Aristomenis
CS Department of Urology, 'Agios Andreas' Regional Hospital, Patras, 26335, Greece
SO Expert Opinion on Investigational Drugs (2007), 16(9), 1311-1314
CODEN: EOIDER; ISSN: 1354-3784
PB Informa Healthcare
DT Journal; General Review
LA English
AB A review. Although bladder cancer is a chemosensitive tumor, metastatic disease is related with poor prognosis and short-term survival. For two decades, the treatment of choice for metastatic bladder cancer has been cisplatin-based chemotherapy. Nowadays, non-platinum regimes have been tested such as taxanes and gemcitabine, which is considered as an attractive alternative. In parallel, double and triplet combination chemotherapy have been assessed in clin. trials. Furthermore, individualized treatments through the identification of mol. prognostic factors and application of targeted therapy have gained considerable interest.

RE.CNT 20 THERE ARE 20 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 12 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:875879 CAPLUS
DN 147:335220
TI Current issues in rectal cancer chemotherapy
AU Joseph, Mathew; Benson, Al B., III
CS Division of Hematology and Oncology, Feinberg School of Medicine, Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Chicago, IL, USA
SO Cancer Journal (Hagerstown, MD, United States) (2007), 13(3), 198-203
CODEN: CAJOCB; ISSN: 1528-9117
PB Lippincott Williams & Wilkins
DT Journal; General Review
LA English
AB Purpose: In this review we intend to provide a synthesized review of relevant studies and articles relating to the use of chemotherapy in the treatment of rectal cancer. The focus will be on the adjuvant and neoadjuvant treatment of stage II and III rectal cancer. The importance of risk stratification in the decisions to treat rectal cancer, both through clin. evaluation of patients as well as mol. anal. of tumors will be reviewed. Symptomatol. associated with rectal cancer and rectal cancer therapy will be discussed as an increasingly important element of trial design. Addnl., new agents in the treatment of rectal cancer will be discussed. Finally, the design of 2 current studies incorporating these issues in their trial design will be presented. Methods: A MEDLINE search for clin. trials and reviews was performed, with selection of the most relevant clin. trials pertaining to the treatment of rectal cancer with chemotherapeutic agents. Results: Adjuvant and neoadjuvant treatments with chemotherapeutic agents have served to improve rates of local recurrence as well as overall survival. Trials evaluating the efficacy of orally active fluoropyrimidines, newer generation platinum agents, and inhibitors to vascular endothelial growth factors in the treatment of rectal cancer are currently underway. Conclusions: The large U.S. trials that are currently underway will provide answers to several outstanding questions, including the efficacy of orally active fluoropyrimidines, newer generation platinum agents, and inhibitors to vascular endothelial growth factors in rectal cancer. These trials will also include rigorous assessments of symptomatol. by validated symptom measures, as well as the evaluation of mol. tumor markers and their correlation with outcomes. Finally, the identification of low-risk groups of patients who do not require radiotherapy remains an important question in the treatment of rectal cancer.
RE.CNT 54 THERE ARE 54 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 13 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:843208 CAPLUS
DN 147:291113
TI Interaction between tumor-inhibiting drugs and serum proteins and selected intracellular proteins
AU Trynda-Lemiesz, Lilianna
CS Wydzial Chemii, Uniwersytet Wroclawski, Wroclaw, 50-383, Pol.
SO Wiadomosci Chemiczne (2007), (Habilitacje), 1-50
CODEN: WICHAP; ISSN: 0043-5104
PB Polskie Towarzystwo Chemiczne
DT Journal; General Review
LA Polish
AB A review (dissertation summary) on the possibilities of design

of novel therapeutic and diagnostic agents and nature of interactions of metal-containing drugs with blood serum proteins, enzymes, and DNA. The i.v. administered antitumor metal complexes interact with blood plasma proteins. For example, differences in the efficacy, activity and toxicity between cisplatin and carboplatin may be discussed in terms of differences in the reversibility of plasma protein binding with the drug compds. Human serum albumin (HSA) has a central role in the mol. pharmacol. of drugs used in cancer chemotherapy, because it interferes with certain anticancer agents by changing their biol. activity and clin. effectiveness. This review examines interactions between tumor-inhibiting ruthenium and platinum complexes (both of potential and current clin. use) with blood serum proteins (serum albumin, pyruvate kinase, cytochrome c). HIm (RuIm2Cl4) and platinum(II) phosphonate complex (cis-DBP) are in preclin. trials, while less toxic HInd (Ru-Ind2Cl4) complex is already in the first and second phases of clin. trials. The results presented here clearly indicate that coordination of the Ru and Pt complexes with HSA causes protein conformational changes with the loss of helical stability, conformational change of the hydrophobic binding pocked in subdomain IIA, local perturbation of the warfarin binding site, and change of the binding abilities for heme, bilirubin and second Cu(II) binding site. The coordination sites for the Ru and Pt complexes may be His-242, His-247, and Met-298. Albumin may have a considerable impact on the activity of anticancer drugs used in multidrug therapies. The competition process may be important for the drug activity and toxicity in combined treatments with Pt drugs, anthracyclines, and taxanes. Partial blocking of specific binding sites on HSA may influence the drug availability and increased efficacy of multidrug therapy. Combined use of drugs may also decrease the drug toxicity, especially that induced by irreversible interactions of cisplatin with plasma proteins. Displacement studies using bilirubin as a competitive agent provide information on the localization of HSA binding sites and possible multidrug interactions. Interactions of Pt antitumor compds. with sulfur-containing biomols. may have overall neg. effects on the antitumor activity. The nephrotoxicity, bone marrow damage, and gastrointestinal toxicity of Pt agents may involve ligand exchange reactions by sulfhydryl groups with subsequent inactivation of essential enzymes. The total number of cysteine residues in pyruvate kinase was previously estimated at 36. Sulfhydryl groups have been clearly implicated in the catalytic mechanism of this enzyme. Potassium tetrachloroplatinate and cis-DDP bind effectively to pyruvate kinase, considerably changing its structure and activity. Although the interactions with enzymes are not responsible for the antitumor activity of cis-DDP, they can modulate it and probably contribute to some of its neg. effects. The apoptosis cascade involves cytochrome c; caspase activation shows that cytochrome c has a broader role in the cell than just electron transport in the respiratory chain. The interactions of HInd with cytochrome c could be important for its toxicity and distribution of the body. Binding of the Ru complex to cytochrome c may considerably change the protein structure and affect its biol. enzyme functions in electron transport and apoptosis. The impact of the anticancer drugs on the structure and function of proteins is fundamental in an understanding of their toxicity and distribution in the body.

L12 ANSWER 14 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:785027 CAPLUS
DN 147:156937
TI Medical treatment for stage III non-small-cell lung cancer (NSCLC)
AU Okamoto, Hiroaki; Watanabe, Koshiro
CS Dept. of Respiratory Medicine, Yokohama Municipal Citizen's Hospital, Japan
SO Gan to Kagaku Ryoho (2007), 34(6), 841-848

CODEN: GTKRDX; ISSN: 0385-0684
PB Gan to Kagaku Ryohosha
DT Journal; General Review
LA Japanese
AB A review. Stage III non-small cell lung cancer (NSCLC) comprises a heterogeneous group of diseases with varying prognoses. In addition, the definitions of "resectable" or "unresectable" differ among countries and investigators. Therefore, no clear-cut consensus regarding the management of this disease has been established worldwide as of yet. Single-modality treatments such as chemotherapy, radiotherapy or surgery alone show disappointing results, and therefore combined-modality treatments have been investigated for this disease. Platinum-based combination chemotherapy plus concurrent radiotherapy is one of the standard treatments for good-risk patients with inoperable stage III NSCLC. However, when including new agents for chemoradiotherapy, no optimal treatment has been established. A full dose of chemotherapy including new agents plus concurrent radiotherapy is considered impossible due to excessive toxicity. Consequently, split or reduced doses of chemotherapy are preferred in this setting. On the other hand, postoperative adjuvant chemotherapy, especially platinum-based combination chemotherapy, prolongs survival in patients with completely resected stage III NSCLC. However, the role of the addition of surgery to chemoradiotherapy and the role of mol.-target drugs are still controversial in the management of stage III NSCLC. In the future, many more well-designed clin. trials are warranted to improve the treatment outcome for stage III NSCLC.

L12 ANSWER 15 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:645701 CAPLUS
DN 147:225917
TI Pharmacogenetics and stomach cancer: an update
AU Toffoli, Giuseppe; Cecchin, Erika
CS Italy
SO Pharmacogenomics (2007), 8(5), 497-505
CODEN: PARMFL; ISSN: 1462-2416
PB Future Medicine Ltd.
DT Journal; General Review
LA English
AB A review. Although new drugs and association regimens have been used in recent years, the chemotherapeutic outcome for gastric cancer is still poor and improvement in patient survival is not satisfactory. Pharmacogenetics could represent a useful approach to optimize chemotherapeutic treatments in order to identify individuals that are true candidates for clin. benefits from therapy, avoiding the development of severe side effects. The most recent update regarding gastric cancer pharmacogenetics highlights a prominent role of genetic polymorphisms of thymidylate synthase and glutathione S-transferase in the pharmacol. treatment with commonly used drugs, such as 5-fluorouracil and platinum derivs. In order to validate the genetic markers, further larger scale and controlled studies are required. A future challenge is represented by the introduction of targeted therapy in gastric cancer treatment, with the potential emerging tool of pharmacogenetic impact on this field.
RE.CNT 61 THERE ARE 61 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 16 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:544425 CAPLUS
DN 147:341772
TI Advances in prostate cancer immunotherapies
AU Basler, Michael; Groettrup, Marcus
CS Division of Immunology, Department of Biology, University of Constance,

Konstanz, Germany
SO Drugs & Aging (2007), 24(3), 197-221
CODEN: DRAGE6; ISSN: 1170-229X
PB Wolters Kluwer Health
DT Journal; General Review
LA English
AB A review. Prostate cancer is a major cause of mortality in men in the Western world. Although treatment of early stage prostate cancer with radiation therapy or prostatectomy is efficient in most cases, some patients develop a fatal hormone-refractory disease. Treatments in this case are limited to aggressive chemotherapies, which can reduce serum prostate-specific antigen (PSA) levels in some patients. Taxane- and platinum-compound-based chemotherapies produce a survival benefit of only a few months. Therefore, it is crucial to develop novel, well tolerated treatment strategies. Over the past years, immunotherapy of hormone-refractory prostate cancer has been studied in numerous clin. trials. The fact that the prostate is a non-essential organ makes prostate cancer an excellent target for immunotherapy. Administration of antibodies targeting the human epidermal growth factor receptor-2 or the prostate-specific membrane antigen led to stabilization of PSA levels in several patients. Vaccination of prostate cancer patients with irradiated allogeneic prostate cell lines has demonstrated that whole cell-based vaccines can significantly attenuate increases in PSA. Two different recombinant viral expression vectors have been applied in prostate cancer treatment: poxvirus and adenovirus vectors. Both vaccines have the advantages of using a natural method to induce immune responses and achieving high levels of transgene expression. Vaccinia viruses in combination with recombinant fowlpox or canarypox virus have been used to express recombinant PSA. Several studies demonstrated that this approach is safe and can lead to stabilization of PSA values. A very promising approach in prostate cancer immunotherapy is vaccination of patients with dendritic cells. Thereby, peptides, recombinant proteins, tumor lysates or mRNA have been used to deliver antigens to autologous dendritic cells. Loading of dendritic cells with up to five different peptides derived from multiple proteins expressed in prostate cancer demonstrated that cytotoxic T-cell responses could be elicited in prostate cancer patients. Sipuleucel-T (APC8015), an immunotherapy product consisting of antigen-presenting cells, loaded ex vivo with a recombinant fusion protein consisting of prostatic acid phosphatase linked to granulocyte-macrophage colony-stimulating factor, demonstrated in a phase III, placebo-controlled trial an improvement in median time to disease progression. The improvement in overall survival was 4.5 mo for sipuleucel-T-treated patients compared with the placebo group. Although there is a minor increase in overall survival of metastatic prostate cancer patients with some approaches, more effective therapeutic strategies need to be developed.
RE.CNT 134 THERE ARE 134 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 17 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:525256 CAPLUS
DN 147:402786
TI Ovarian clear cell adenocarcinoma: a continuing enigma
AU Tan, David S. P.; Kaye, Stan
CS Section of Medicine, The Royal Marsden Hospital and Institute of Cancer Research, Sutton, Surrey, UK
SO Journal of Clinical Pathology (2007), 60(4), 355-360
CODEN: JCPAAK; ISSN: 0021-9746
PB BMJ Publishing Group
DT Journal; General Review

LA English
AB A review. Ovarian clear cell adenocarcinomas (OCCAs) account for <5% of all ovarian malignancies. Compared to other epithelial ovarian cancer (EOC) subtypes, when at an advanced stage, they are associated with a poorer prognosis and are relatively resistant to conventional platinum-based chemotherapy. By contrast, early-stage clear cell ovarian cancer carries a relatively good prognosis. Hence, there is a need to improve our understanding of its pathobiol. in order to optimize currently available treatments and develop new therapeutic strategies. This review summarizes the currently available literature regarding the pathogenesis of OCCA, its mol. genetic features and postulated mol. mechanisms that underlie its chemoresistant phenotype. Marked similarities with clear cell carcinomas of the kidney and endometrium have been noted by some investigators, raising interesting possibilities regarding novel therapeutic approaches. Unfortunately, most studies on OCCA have hitherto been hampered by insufficient sample sizes, leaving many key issues unresolved. It is envisaged that in the future, high-resolution genomic and gene-expression microarray studies incorporating larger sample sizes will lead to the characterization of the key mol. players in OCCA biol., which may potentially lead to the identification of novel targets for therapeutic development.
RE.CNT 83 THERE ARE 83 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 18 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:326953 CAPLUS
DN 147:62944
TI The roles of copper transporters in cisplatin resistance
AU Kuo, Macus Tien; Chen, Helen H. W.; Song, Im-Sook; Savaraj, Niramol; Ishikawa, Toshihisa
CS Department of Molecular Pathology, Unit 951, The University of Texas M. D. Anderson Cancer Center, Houston, TX, 77030, USA
SO Cancer and Metastasis Reviews (2007), 26(1), 71-83
CODEN: CMRED4; ISSN: 0167-7659
PB Springer
DT Journal; General Review
LA English
AB A review. Platinum-based antitumor agents have been effective in the treatments of many human malignancies but the ultimate success of these agents is often compromised by development of drug resistance. One mechanism associated with resistance to platinum drugs is reduced intracellular accumulation owing to impaired drug intake, enhanced outward transport, or both. Mechanisms for transporting platinum drugs were not known until recent demonstrations that import and export transporters involved in maintenance copper homeostasis are also involved in the transport of these drugs. Ctr1, the major copper influx transporter, has been convincingly demonstrated to transport cisplatin and its analogs, carboplatin, and oxaliplatin. Evidence also suggests that the two copper efflux transporters ATP7A and ATP7B regulate the efflux of cisplatin. These observations are intriguing, because conventional thinking of the inorg. physiol. chemical of cisplatin and copper is quite different. Hence, understanding the underlying mechanistic aspects of these transporters is critically important. While the mechanisms by which hCtr1, ATP7A and ATP7B transport copper ions have been studied extensively, very little is known about the mechanisms by which these transporters shuffle platinum-based antitumor agents. This review discusses the identification of copper transporters as platinum drug transporters, the structural-functional and mechanistic aspects of these transporters, the mechanisms that regulate their expression, and future research directions that may eventually lead to improved efficacy of platinum-based-based drugs in cancer chemotherapy

through modulation of their transporters' activities.
RE.CNT 109 THERE ARE 109 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 19 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2007:56863 CAPLUS
DN 146:219892
TI Management strategies for partially platinum-sensitive ovarian cancer
AU Ledermann, Jonathan A.; Raja, Fharat
CS Department of Oncology, Royal Free and University College Medical School, University College London, London, UK
SO American Journal of Cancer (Auckland, New Zealand) (2006), 5(5), 341-354
CODEN: AJCMCB; ISSN: 1175-6357
PB Adis International Ltd.
DT Journal; General Review
LA English
AB A review. The majority of women with advanced ovarian cancer will relapse after first-line chemotherapy. Treatment decisions are based most commonly on the probability of a further response to platinum-based therapy. Many women will respond to second and subsequent lines of therapy with platinum and other drugs such as liposomal doxorubicin, topotecan, paclitaxel, gemcitabine, and etoposide. The decision to include platinum drugs is based mainly on a categorization of patients into those with a partially platinum-sensitive relapse (platinum-free interval of 6-12 mo) or a platinum-sensitive relapse (platinum -free interval of >12 mo). These categories are based on empirical observations made >15 years ago. Most trials with newer agents have been either non-randomized phase II studies or performed in a heterogeneous population of women, including those with platinum-resistant tumors. Interpretation of the activity of these new drugs is often difficult, and this affects decision-making in clin. practice. Recent randomized trials comparing platinum-based combinations with platinum alone (mainly carboplatin) have shown a benefit in favor of combination therapy. The prolonged chemosensitivity in many cases of ovarian cancer and the use of serum CA125 antigen levels as a surrogate marker of response provide an opportunity to study the activity of new anticancer agents in relapsed disease. However, future studies need to be randomized to reduce selection bias and should stratify for factors known to influence response. Many patients with relapsed ovarian cancer will survive for many years and knowledge of the disease, its response to different treatments, and the appropriate timing of drug delivery and length of treatment requires considerable clin. judgment.
RE.CNT 79 THERE ARE 79 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 20 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2006:670757 CAPLUS
DN 145:283806
TI Current approaches to advanced-stage non-small-cell lung cancer: first-line therapy in patients with a good functional status
AU Stinchcombe, Thomas E.; Lee, Carrie B.; Socinski, Mark A.
CS Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill, USA
SO Clinical Lung Cancer (2006), 7(Suppl. 4), S111-S117
CODEN: CLCLCA; ISSN: 1525-7304
PB CIG Media Group, LP
DT Journal; General Review
LA English
AB A review. Lung cancer is the leading cause of

cancer-related death among men and women in the United States. Approx. 80-85% of lung cancer cases are non-small-cell lung cancer (NSCLC), and approx. 65% of these patients have advanced-stage (IIIB/IV) disease at diagnosis. The median survival for patients with advanced-stage NSCLC treated with platinum-based chemotherapy is a disappointing 8-10 mo. This article reviews the current status of chemotherapy in patients with a good functional status and evaluates the treatments in terms of efficacy, toxicity, survival, and impact on quality of life in the first-line treatment. Biol. agents such as bevacizumab and erlotinib have been investigated in phase III trials in the first- and second-line setting. These agents could play a role in select patient populations. This article also highlights some of the more promising new strategies, such as advances in pharmacogenomics and immune-based therapy. There is a clear need for improvement in the current standard of care. Well-designed clin. trials with appropriate patient selection, as well as continued efforts in translational research and pharmacogenomics, are crucial for progress in this disease.

RE.CNT 54 THERE ARE 54 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 21 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2006:433846 CAPLUS
DN 145:327397
TI The effect of chemotherapy on symptom control and quality of life in patients with advanced non-small cell lung cancer
AU Dooms, Christophe A.; Pat, Karin E.; Vansteenkiste, Johan F.
CS Respiratory Oncology Unit (Dept of Pulmonology), University Hospital Gasthuisberg, Louvain, B-3000, Belg.
SO Expert Review of Anticancer Therapy (2006), 6(4), 531-544
CODEN: ERATBJ; ISSN: 1473-7140
PB Future Drugs Ltd.
DT Journal; General Review
LA English
AB A review. Differences in survival outcomes with various treatments for advanced non-small cell lung cancer are very modest. Despite this, end points looking at the patients' subjective benefit, such as symptom control, quality of life or clin. benefit, have only been sparsely implemented into clin. trials as primary points of interest. This review focuses on available evidence regarding these patients' subjective end points in recent clin. trials. Compared with best supportive care, chemotherapy offers symptom control, not only in patients with objective response to chemotherapy, but also in a proportion of patients with disease stabilization. However, interpretation of quality-of-life objectives is more difficult, owing to several methodol. problems, but improvement in various domains of quality of life is also reported. Different treatment options, such as older platinum-based schedules, modern platinum-based doublets, single-agent treatment with a new drug or nonplatinum-based doublets, are comprehensively reviewed. Future randomized studies should take up the challenge of looking at the patients' benefit as a primary end point.

RE.CNT 66 THERE ARE 66 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 22 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2006:114352 CAPLUS
DN 145:20235
TI The emerging role of oxaliplatin in the treatment of gastric cancer
AU Zaniboni, A.; Meriggi, F.
CS Fondazione Poliambulanza, Brescia, Italy

SO Journal of Chemotherapy (Firenze, Italy) (2005), 17(6), 656-662
CODEN: JCHEEU; ISSN: 1120-009X
PB E.S.I.F.T. srl
DT Journal; General Review
LA English
AB A review. Gastric cancer is often diagnosed in locally advanced or metastatic stages and, therefore, of poor prognosis. Many controversies exist about surgery, neoadjuvant, adjuvant and palliative treatments of gastric cancer. So we need to explore a variety of novel management options including the use of new agents and new combinations. Some of these agents include oral fluoropyrimidine, irinotecan, docetaxel and oxaliplatin. Oxaliplatin is a diaminocyclohexane-platinum compound that is significantly different from cisplatin and carboplatin with respect to its activity and toxicity. Oxaliplatin is an alkylating agent inhibiting DNA replication by forming adducts between two adjacent guanines or guanine and adenine mols. However, the adducts of oxaliplatin appear to be more effective than cisplatin adducts in regard to the inhibition of DNA synthesis. In contrast to cisplatin, oxaliplatin has demonstrated efficacy alone and in combination with 5-fluorouracil in advanced colorectal cancer. Many studies are ongoing to test the combination in noncolorectal gastrointestinal tumors and other malignancies. This review focuses on the increasing amount of data concerning the clin. activity of oxaliplatin-based regimens in advanced gastric cancer.
RE.CNT 56 THERE ARE 56 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 23 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2005:644855 CAPLUS
DN 143:359285
TI Current approaches in chemotherapy of advanced and metastatic non-small cell lung cancer (NSCLC)
AU Reck, Martin
CS Department of Thoracic Oncology, Center of Pneumology and Thoracic Surgery, Hospital Grosshansdorf, Grosshansdorf, D-22927, Germany
SO Anticancer Research (2005), 25(3A), 1501-1506
CODEN: ANTRD4; ISSN: 0250-7005
PB International Institute of Anticancer Research
DT Journal; General Review
LA English
AB A review. Several new agents have been introduced in the palliative treatment of advanced and metastatic NSCLC in the recent years. In randomized trials, the new third-generation regimens showed comparable efficacy to each other, but a better response rate and time to progression combined with a remarkably improved tolerability compared to "classic schedules". In patients who are not suitable for platinum-based therapy, monotherapy could be an attractive opportunity, as shown in randomized trials. In second-line therapy, the novel antifolate Pemetrexed showed comparable activity to Docetaxel with significantly reduced toxicity. Among the new oral tyrosine kinase inhibitors, Erlotinib proved to be active in second- and third-line treatments , whereas in first-line treatment, no survival benefit has been observed to date.
RE.CNT 46 THERE ARE 46 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 24 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2005:623708 CAPLUS
DN 143:359566
TI Has endocrine therapy any role in the treatment of recurrent platinum-refractory ovarian cancer?
AU Paskeviciute, Ligita; Roed, Henrik; Engelholm, Svend A.

CS Department of Oncology, the Finsen Center, Copenhagen University Hospital, Copenhagen, DK-2100, Den.
SO Horizons in Cancer Research (2005), 13(Treatment of Ovarian Cancer), 27-42 CODEN: HCROAG
PB Nova Science Publishers, Inc.
DT Journal
LA English
AB Objective: Second-line chemotherapy in platin/taxane resistant ovarian cancer induce objective response in < 15% and third-line chemotherapy result in responses less than 10%. Chemotherapy always results in side effects with the risk of a low quality of life. An endocrine role in ovarian cancer is well documented from epidemiol. studies. A large number of (anti-) hormonal agents are used as last resort therapy in progressive or recurrent ovarian cancer. Antiestrogens and LH- RH agonists are standard palliative treatment in many centers. Moreover estrogens, progestogens, antiandrogens, aromatase inhibitors have been evaluated in several trials. The article is going to review use of most common (anti-) hormonal agents and present a particular study on LH-RH agonist Leuprorelin in the treatment of platinum/taxane- refractory ovarian cancer. Methods: In this retrospective study 32 patients with ovarian cancer who had relapsed after platin/taxane-based first-line chemotherapy and have exhausted all standard treatments, received LH-RH analog Leuprorelin depot 3,75 mg s.c. once a month until tumor progression. Results: One patient (3%) had complete response, remission time over 3 years. Two patients (6%) reached partial response with remission time three and four months. Four patients (12%) remained stable for a mean time 7 mo (range 4-12 mo). The remaining 25 patients (78%) had progressive disease. The treatment was well tolerated; no major toxicity has been reported. Conclusion: Hormonal therapy has only limited efficacy in refractory ovarian cancer. However, considering the mild toxicity these drugs have a useful role in heavily pretreated patients with ovarian carcinoma.
RE.CNT 64 THERE ARE 64 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 25 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2005:623706 CAPLUS
DN 143:145658
TI Pharmacogenetics in ovarian cancers
AU Toffoli, Giuseppe; Cecchin, Erika
CS Experimental and Clinical Pharmacology Unit, Centro di Riferimento Oncologico, National Cancer Institute, Aviano, Italy
SO Horizons in Cancer Research (2005), 13(Treatment of Ovarian Cancer), 1-25 CODEN: HCROAG
PB Nova Science Publishers, Inc.
DT Journal; General Review
LA English
AB A review. Pharmacogenetics represents an innovative strategy for individualization of the treatment in cancer patients. At present, conventional criteria used for dose adjustment of the chemotherapeutic treatments, based on body surface, could result unsuccessful in predicting the interindividual variability in the response to drugs. In the clin. practice it is becoming an emerging tool to investigate the complex relationship existing between individual genetic profile and the clin. outcome of therapy in terms of toxicity and efficacy. Platinum derivs., cyclophosphamide taxanes and anthracyclines are the conventional drugs employed in ovarian cancer therapy, irinotecan is emerging as a new tool against platinum resistant tumors, particularly for mucinous and clear cells histotypes, whereas methotrexate is an old drug showing some activity. Polymorphisms, i.e. genetic mutations with a frequency > 1% in

a given population, could affect activity of proteins mediating metabolic steps or transport of antineoplastic drugs. The DNA repair associated genes XRCC1 (X-ray cross-complementing group 1), ERCC1 (excision cross-complementing gene) and XPD (xeroderma pigmentosum complementation group D) could influence sensitivity and pharmacoresistance to platinum derivs. MDR1 (multi-drug resistance gene) is involved in anthracyclines and taxanes as well as irinotecan transport. CYP2B6 (cytochrome P 450 2B6 isoform) is the main enzyme responsible for cyclophosphamide activation. UGT1A1 (uridine diphoshateglucuronosyltransferase 1A1) is involved on irinotecan metabolism and MRP2 (multidrug resistance associated protein) in its excretion. MTHFR (5, 10 methylenetetrahydrofolate reductase) is important in methotrexate (MTX) metabolism In conclusion, the applications of pharmacogenetics in the clin. practice of ovarian cancer could represent a new strategy to design a tailored treatment in each single patient.

RE.CNT 132 THERE ARE 132 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 26 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2005:585355 CAPLUS
DN 143:398579
TI The ALPI Trial: The Italian/European Experience with Adjuvant Chemotherapy in Resectable Non-Small Lung Cancer
AU Scagliotti, Giorgio V.
CS The Adjuvent Lung Cancer Project Italy/European Organization for Research and Treatment of Cancer Lung Cancer Cooperative Group, Thoracic Oncology Unit, Department of Clinical and Biological Sciences, S. Luigi Hospital, University of Turin, Turin, Italy
SO Clinical Cancer Research (2005), 11(13, Pt. 2), 5011s-5016s
CODEN: CCREF4; ISSN: 1078-0432
PB American Association for Cancer Research
DT Journal; General Review
LA English
AB A review. Postoperative treatments for lung cancer have been evaluated for more than two decades, but in the majority of the studies no significant and clin. meaningful effect on survival has been shown. In 1995, a meta-anal. of eight cisplatin-based adjuvant chemotherapy trials in 1,394 patients with non-small cell lung cancer showed a 13% reduction in the risk of death (P = 0.08). The nonstatistically significant benefit reported in the meta-anal. prompted the planning of several randomized studies of platinum-based chemotherapy. Three studies addressed the issue of adjuvant chemotherapy in all the resected stages of non-small cell lung cancer (I-IIIA): the Italian/European study Adjuvant Lung Cancer Project Italy, the International Adjuvant Lung Cancer study, and the British Big Lung Trial. In contrast to the International Adjuvant Lung Cancer, the Adjuvant Lung Cancer Project Italy and the underpowered British Big Lung Trial failed to prospectively confirm a significant role of adjuvant chemotherapy in completely resected non-small cell lung cancer. In this article, we will discuss the findings of the Adjuvant Lung Cancer Project Italy study in the context of the International Adjuvant Lung Cancer and British Big Lung Trial.

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L12 ANSWER 27 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2004:1066616 CAPLUS
DN 142:290405
TI Role of pegylated liposomal doxorubicin in ovarian cancer
AU Thigpen, J. Tate; Aghajanian, Carol A.; Alberts, David S.; Campos, Susana M.; Gordon, Alan N.; Markman, Maurie; McMeekin, D. Scott; Monk, Bradley

J.; Rose, Peter G.
CS University of Mississippi Medical Center, Jackson, MS, USA
SO Gynecologic Oncology (2005), 96(1), 10-18
CODEN: GYNOA3; ISSN: 0090-8258
PB Elsevier
DT Journal; General Review
LA English
AB A review. Safe, effective treatments are needed for relapsed ovarian cancer. Goals include improving symptoms, enhancing quality of life, and prolonging survival. The plethora of agents currently available present difficult choices for physicians. The present effort seeks to examine the role of one of these agents, pegylated liposomal doxorubicin. A roundtable meeting of experts in the management of ovarian carcinoma was held to build consensus around the present and future role of pegylated liposomal doxorubicin for ovarian cancer and other gynecol. malignancies. Pegylated liposomal doxorubicin is effective and well tolerated in relapsed ovarian cancer. When compared with topotecan in a phase III randomized trial, pegylated liposomal doxorubicin showed several advantages: improved quality of life, fewer severe adverse events, fewer dose modifications, less hematol. support, and lower total cost per patient. In platinum -sensitive patients, pegylated liposomal doxorubicin also produced a survival advantage. Results from prospective and retrospective studies further demonstrate the improved cardiac safety of pegylated liposomal doxorubicin compared to conventional anthracyclines. Based on survival and toxicity advantages and a once-monthly administration schedule, pegylated liposomal doxorubicin is the first-choice nonplatinum agent for relapsed ovarian cancer. Pegylated liposomal doxorubicin may also have clin. application in combination regimens for platinum -sensitive ovarian cancer, as consolidation/maintenance therapy for ovarian cancer, as a component of first-line therapy for ovarian cancer, and in the treatment of other gynecol. malignancies. Future clin. trials will further define and maximize the role of pegylated liposomal doxorubicin in the treatment of ovarian cancer and other gynecol. malignancies.
RE.CNT 47 THERE ARE 47 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 28 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2004:1065345 CAPLUS
DN 142:384773
TI Platinum-intercalator conjugates: From DNA-targeted cisplatin derivatives to adenine binding complexes as potential modulators of gene regulation
AU Baruah, Hemanta; Barry, Colin G.; Bierbach, Ulrich
CS Department of Chemistry, Wake Forest University, Winston-Salem, NC, 27109-7486, USA
SO Current Topics in Medicinal Chemistry (Sharjah, United Arab Emirates) (2004), 4(15), 1537-1549
CODEN: CTMCCL; ISSN: 1568-0266
PB Bentham Science Publishers Ltd.
DT Journal; General Review
LA English
AB A review, with reference Nuclear DNA is the cellular target for many cancer treatments, and DNA-directed chemotherapies continue to play an important role in drug discovery in the postgenomic era. The majority of DNA-targeted anticancer agents bind through covalent interactions, non-covalent intercalation or groove binding, or hybrid binding modes. The sequence and regiospecificity of these interactions and the resulting structural alterations within the biopolymer play an important role in the mechanism of action of these drugs. DNA-binding proteins and/or DNA-processing enzymes, which also interact with DNA in a

sequence- and groove-specific manner, are mediators of the cytotoxic effect produced by these agents. Thus one major goal in the design of new clin. agents of this type is to produce new types of adducts on DNA, which may lead to unprecedented cell kill mechanisms. Platinum -intercalator conjugates are such a class of hybrid agents acting through a dual DNA binding mode. The platinum center (usually a cis-diaminedichloro Pt(II) unit) dominates the DNA adduct profiles in the majority of these species-the result of the metal's tendency to form cross-links in runs of consecutive guanine bases in the major groove of DNA. This paradigm has been broken recently for the first time with the design of cytotoxic platinum-acridinylthiourea conjugates, a class of adenine-affinic minor-groove directed agents. This review summarizes major advancements in the chemical and biol. of platinum-intercalators from 1984 to 2004, with emphasis being placed on the interplay between chemical structure, mechanism of DNA binding, and biol. properties.

RE.CNT 77 THERE ARE 77 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 29 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2004:966575 CAPLUS
DN 142:290380
TI Challenges in advanced NSCLC: optimizing platinum-based chemotherapy and treating special populations
AU Belani, Chandra P.
CS Lung and Thoracic Cancer Program, University of Pittsburgh Cancer Institute, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA
SO Journal of the National Comprehensive Cancer Network (2004), 2(Suppl. 2), S10-S22
CODEN: JNCCA4; ISSN: 1540-1405
PB Jones and Bartlett Publishers
DT Journal; General Review
LA English
AB A review. Platinum-based chemotherapy is the standard of care for patients with advanced non-small cell lung cancer, but clin. challenges remain in determining safe and effective treatments for elderly patients and those with performance status 2, who may not be able to tolerate standard regimens. Because carboplatin is associated with a better tolerability profile than cisplatin, with comparable efficacy, carboplatin-based combination regimens are the "community standard of care.". The standard of care appropriate for elderly and performance status 2 patients, however, remains controversial. Under-representation of elderly and performance status 2 patients in clin. trials and fears about the suitability of treating such patients with the same therapies as those used in younger and healthier patients, hinders evidence-based decisions regarding care. Recent evidence indicates that "fit" elderly patients respond to platinum-based doublet therapy with reasonable tolerability. Particularly in the presence of substantial comorbidities, patients with poor performance status are less responsive to chemotherapy than healthier patients. However, the decision to proceed with treatment may be appropriate for selected patients. In clin. trials with performance status 2 patients, greater clin. efficacy was seen with carboplatin-based doublets than single-agent paclitaxel, suggesting that carboplatin-based doublets can be effective treatment in this population. Optimal carboplatin administration in combination with paclitaxel is yet to be determined, but phase II trials indicate that weekly paclitaxel plus monthly full-dose carboplatin may offer enhanced tolerability and efficacy vs. standard every-3-wk schedules. A phase III trial comparing these schedules has been completed and will be reported in 2004.

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L12 ANSWER 30 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2004:909503 CAPLUS
DN 142:189917
TI Systemic treatment of advanced non-small cell lung cancer
AU Traynor, Anne M.; Schiller, Joan H.
CS University of Wisconsin Comprehensive Cancer Center, Madison, WI, USA
SO Drugs of Today (2004), 40(8), 697-710
CODEN: MDACAP; ISSN: 0025-7656
PB Prous Science
DT Journal; General Review
LA English
AB A review. Lung cancer, a highly lethal malignancy, is the leading cause of cancer-related mortality in the US, accounting for 28% of all deaths related to cancer. Non-small cell lung cancer comprises 80-85% of lung cancer diagnoses and includes the histologies of adenocarcinoma and its subtype bronchoalveolar carcinoma, squamous cell carcinoma and large cell carcinoma. This article reviews the use of cytotoxic chemotherapies and other systemic treatments for patients with advanced (metastatic and/or recurrent) non-small cell lung cancer. Despite great efforts, only minor gains have been made over the past decade in the treatment of advanced nonsmall cell lung cancer for patients with a good performance status in terms of prolonging survival and improving quality of life. Currently, the standard of treatment is a platinum-based doublet, with the second agent being selected contingent upon the comorbidities of the patient and the toxicity profile of the drug. The focus of clin. research is centered on the application of the use of targeted, molecularly directed therapies, likely used in combination with either cytotoxics and/or other novel targeted agents, in an attempt to improve the therapeutic ratio of systemic treatments for this large population.
RE.CNT 107 THERE ARE 107 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 31 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2004:622018 CAPLUS
DN 142:86009
TI Gemcitabine and cisplatin chemotherapy is an active combination in the treatment of platinum-resistant ovarian and peritoneal carcinoma
AU Tewari, Devansu; Monk, Bradley J.; Hunter, Mark; Falkner, Camille A.; Burger, Robert A.
CS Chao Family Comprehensive Cancer Center, Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, University of California, Irvine-Medical Center, Orange, CA, 92868, USA
SO Investigational New Drugs (2004), 22(4), 475-480
CODEN: INNDDK; ISSN: 0167-6997
PB Kluwer Academic Publishers
DT Journal
LA English
AB The treatment of recurrent ovarian cancer with the combination of gemcitabine and cisplatin chemotherapy has recently been shown to be an active regimen. But the majority of pos. responses have been observed in patients considered either platinum-sensitive or who have had extended platinum-free intervals. The purpose of our study was to review our experience with this regimen in women with platinum-resistant ovarian and peritoneal carcinoma with more recent exposure to platinum. We studied twenty-two patients who had relapsed within six months of their most recent platinum -based regimen and were treated with gemcitabine (450-600 mg/m2) and cisplatin (30 mg/m2) on days 1 and 8 of a 21-day cycle. The overall response rate was 64% (95% C.I. 42-85%) with seven (32%) complete and

seven (32%) partial responses. The median progression-free interval was 6.7 mo for responding patients and 3.9 mo for the entire study group. Median survival for responders was 15.8 mo compared to 8.8 mo for non-responders. Overall survival was 11.4 mo. Grade 3 or 4 toxicity was encountered in 59% of treatments. We conclude from this limited review that the combination of gemcitabine and cisplatin chemotherapy is an active regimen in platinum-resistant ovarian and peritoneal carcinoma and warrants consideration in the management of patients with recurrent disease.
RE.CNT 16 THERE ARE 16 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 32 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2004:492077 CAPLUS
DN 141:98850
TI New cytotoxic and molecular-targeted therapies of head and neck tumors
AU Caponigro, Francesco; Ionna, Franco; Comella, Giuseppe
CS National Tumor Institute, Naples, Italy
SO Current Opinion in Oncology (2004), 16(3), 225-230
CODEN: CUOOE8; ISSN: 1040-8746
PB Lippincott Williams & Wilkins
DT Journal; General Review
LA English
AB The purpose of this review is to provide an update on novel medical treatments for head and neck cancer. Recent findings Despite the continuing introduction of new cytotoxic agents, such as antimetabolites (capecitabine, pemetrexed), and topoisomerase I inhibitors, the management of advanced head and neck cancer remains challenging. Epidermal growth factor receptor is an appealing target for novel therapies in head and neck cancer. Several rational approaches have been designed to abrogate epidermal growth factor receptor function, among which the development of small mols., such as gefitinib or erlotinib, that inhibit tyrosine kinase activity, therefore abrogating the receptor's catalytic activity, autophosphorylation, and its engagement with signal transducers. The development of monoclonal antibodies, such as cetuximab, directed against the receptor's extracellular domain and competing for the binding of receptor ligands is another antireceptor strategy, because it induces epidermal growth factor receptor downregulation from the tumor cell surface. Gefitinib has been evaluated in a phase II study in head and neck cancer, at a dose of 500 mg/day. In this study, a 53% disease control rate was achieved, with a low toxicity. Currently, a phase II study at a dose of 250 mg/day is ongoing. A phase II study of erlotinib in advanced head and neck cancer has provided similar results to those of gefitinib, with a 46% control rate and an acceptable toxicity. Phase I studies of cetuximab have been carried out in advanced head and neck cancer, mainly combining the drug with chemotherapy or radiotherapy. Three phase II studies have evaluated the combination of cetuximab with platinum -based chemotherapy in pretreated patients with recurrent/metastatic head and neck cancer, with a control rate ranging from 29 to 66%. A phase III placebo-controlled trial has shown that the addition of cetuximab to cisplatin does not significantly improve median progression-free survival, despite a difference in the response rate between the two arms. Other mol.-targeted approaches in head and neck cancer include farnesyl transferase inhibitors, cell cycle regulators, and gene therapy. Novel targeted therapies are highly appealing in advanced head and neck cancer, and the most clever way to use them is a matter of intense investigation.
RE.CNT 50 THERE ARE 50 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 33 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN

AN 2004:473753 CAPLUS
DN 141:81536
TI Management of small cell lung cancer
AU Thatcher, N.
CS Christie Hospital, Manchester, UK
SO EJC Supplements (2004), 2(4), 40-43
CODEN: ESJUB6
PB Elsevier Ltd.
DT Journal; General Review
LA English
AB A review. Small cell lung cancer remains an important malignancy with increasing lung cancer rates in many countries. It is important to distinguish between better and poorer prognostic patient groups in order to target therapy more effectively. Modern chemotherapy usually includes a platinum combination and in selected patient groups combined modality with thoracic and prophylactic cranial irradiation For poorer prognostic groups, treatment is less well defined and less commonly researched. Nevertheless the integration of combined modality treatments and novel drugs beckons towards an exciting avenue for future research.
RE.CNT 46 THERE ARE 46 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 34 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2004:127022 CAPLUS
DN 140:191995
TI Rationale for the use of gemcitabine in breast cancer (review)
AU Silvestris, N.; D'Aprile, M.; Andreola, G.; Locopo, N.; Marini, L.; Crucitta, E.; De Lena, M.; Lorusso, V.
CS Operative Unit of Medical Oncology, Oncology Center "Giorgio Porfiri", Latina, Italy
SO International Journal of Oncology (2004), 24(2), 389-398
CODEN: IJONES; ISSN: 1019-6439
PB International Journal of Oncology
DT Journal; General Review
LA English
AB A review. Many active cytotoxic drugs and several regimens exist for breast cancer therapy. However, these conventional treatments have not changed the outcome of patients with locally advanced and metastatic disease. As a consequence, the dynamic balance between chemotherapy-induced side effects and benefits attributable to relief of cancer-related symptoms must be carefully considered in this setting. Gemcitabine is a pyrimidine nucleoside antimetabolite that has shown activity in a variety of solid tumors, a good toxicity profile, and non-overlapping toxicity with other chemotherapeutic drugs. As a single agent, gemcitabine yields response rates ranging from 14 to 37% as first-line treatment for advanced breast cancer and 12 - 30% as salvage therapy for patients previously treated with anthracycline and/or taxane treatment. Combined with vinorelbine, platinum, anthracyclines, and taxanes as doublets or triplets, response rates of 50 to 80% have been reported in phase II clin. studies. Gemcitabine in combination with anthracyclines and taxanes has been evaluated in the neoadjuvant setting in patients with early-stage breast cancer with interesting clin. and pathol. response rates. Preliminary results of gemcitabine in combination with the biol. agent, trastuzumab, are encouraging. Phase III trials of gemcitabine combinations compared to standard regimens are ongoing with the aim to assess the independent contribution of gemcitabine.
RE.CNT 50 THERE ARE 50 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 35 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2004:62032 CAPLUS
DN 140:209764
TI Review article: chemotherapy for pancreatic cancer
AU Shore, S.; Raraty, M. G. T.; Ghaneh, P.; Neoptolemos, J. P.
CS Royal Liverpool University Hospital, University of Liverpool, Liverpool, UK
SO Alimentary Pharmacology and Therapeutics (2003), 18(11/12), 1049-1069
CODEN: APTHEN; ISSN: 0269-2813
PB Blackwell Publishing Ltd.
DT Journal; General Review
LA English
AB A review. Pancreatic cancer is a common, highly lethal disease that is rising in incidence. Chemotherapy based on 5-fluorouracil (5-FU) has been shown to prolong survival in advanced pancreatic cancer. Gemcitabine improves major symptoms and survival outcomes compared with bolus 5-FU. Many novel small mols. are being widely and actively researched. These compds. are based on classical mechanisms of action as well as biol. therapies targeting novel cellular survival pathways, and include fluoropyrimidines nucleoside cytidine analogs, platinum analogs, topoisomerase-inhibitors, antimicrotubule agents, proteasome inhibitors, vitamin D analogs, arachidonic acid pathway inhibitors, histone deacetylator inhibitors, farnesyl-transferase inhibitors and epidermal growth factor receptor therapies. Adjuvant chemotherapy has also demonstrated the best survival outcomes following resection compared to other adjuvant or neo-adjuvant strategies such as radiation-based treatments. These benefits are superimposed on the dramatic increase in resectability rates and reduction in post-operative mortality achieved by centralization of treatment in high-volume specialty centers. Newer 'small-mol.' drugs as well as the latest 'large-mol.' biol. agents hold considerable promise for the future. Real advances are anticipated over the next five years but are dependent on large randomised controlled trials for success.
RE.CNT 184 THERE ARE 184 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 36 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2004:47341 CAPLUS
DN 141:33137
TI Epidermal growth factor receptor-targeted therapy and symptom improvement in non-small cell lung cancer
AU Bonomi, Philip D.
CS Section of Medical Oncology, Rush University Medical Center, Chicago, IL, 60612, USA
SO American Journal of Health-System Pharmacy (2003), 60(Suppl. 9), S16-S21
CODEN: AHSPEK; ISSN: 1079-2082
PB American Society of Health-System Pharmacists
DT Journal; General Review
LA English
AB A review. Epidermal growth factor receptor-targeted therapy and symptom improvement in non-small cell lung cancer are discussed. Non-small cell lung cancer (NSCLC) is a common and frequently incurable disease. Patients with advanced stage IIIB/IV disease, although not candidates for curative resection, can benefit from treatment that prolongs survival, alleviates symptoms, and reduces complications. While incremental advances have occurred with the use of chemotherapy and radiation therapy, the benefits have been largely palliative. Moreover, the adverse events associated with these therapies may undermine the treatment goal by replacing disease-related symptoms with treatment-related adverse events. Thus, novel, more targeted approaches are needed. Increased understanding of cellular and mol. biol. has resulted in the development of treatments that selectively

target key regulatory pathways and mols. involved in cell growth and metastasis. Gefitinib is one member of a new class of targeted anticancer agents known as tyrosine kinase inhibitors with activity against NSCLC. In clin. trials, gefitinib has produced responses in patients with relapsed or refractory NSCLC, reduced disease-related symptoms, and has been associated with improvements in quality of life. Such targeted therapy may have a significant impact on the treatment of patients with NSCLC.
RE.CNT 33 THERE ARE 33 CITED REFERENCES AVAILABLE FOR THIS RECORD
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L12 ANSWER 37 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2003:985587 CAPLUS
DN 141:153054
TI Paclitaxel and Concurrent Radiation in Upper Gastrointestinal Cancers
AU Constantinou, Maria; Tsai, James Y.; Safran, Howard
CS The Brown University Oncology Group, Providence, RI, USA
SO Cancer Investigation (2003), 21(6), 887-896
CODEN: CINVD7; ISSN: 0735-7907
PB Marcel Dekker, Inc.
DT Journal; General Review
LA English
AB A review. Effective locoregional treatments are needed for adenocarcinomas of the esophagus, stomach, and pancreas. Paclitaxel has been investigated as a radiation sensitizer for upper gastrointestinal malignancies. In esophageal cancer, the combination of low-dose weekly paclitaxel, platinum, and concurrent radiation therapy (RT) has substantial activity and is well tolerated. Regimens that add fluorouracil (5-FU) to paclitaxel and platinum or incorporate hyperfractionation radiation have a higher incidence of severe esophagitis. In gastric cancer, adjuvant concurrent paclitaxel, 5-FU, and radiation is being investigated in the cooperative group setting. In pancreatic cancer, paclitaxel may be a radiation sensitizer even to tumor cells that are resistant to paclitaxel as a single agent. The Radiation Therapy Oncol. Group (RTOG) demonstrated a 43% 1-yr survival with paclitaxel/RT for patients with locally advanced pancreatic cancer. This represented a 40% improvement in survival compared to the previous RTOG 92-09 study of 5-FU-based chemoradiation. Ongoing trials in pancreatic cancer are investigating the addition of gemcitabine to paclitaxel and radiation and incorporating mol. targeting agents.
RE.CNT 65 THERE ARE 65 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 38 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2003:934762 CAPLUS
DN 140:263522
TI Cisplatin and platinum drugs at the molecular level (review)
AU Boulikas, Teni; Vougiouka, Maria
CS Regulon, Inc., Mountain View, CA, 94043, USA
SO Oncology Reports (2003), 10(6), 1663-1682
CODEN: OCRPEW; ISSN: 1021-335X
PB Oncology Reports
DT Journal; General Review
LA English
AB A review. Over twenty years of intensive work toward improvement of cisplatin, and with hundreds of platinum drugs tested, has resulted in the introduction of the widely used carboplatin and of oxaliplatin used only for a very narrow spectrum of cancers. A number of interesting platinum compds. including the orally administered platinum drug JM216, nedaplatin, the sterically hindered platinum(II) complex ZD0473, the trinuclear

platinum complex BBR3464, and the liposomal forms Lipoplatin and SPI-77 are under clin. evaluation. This review summarizes the mol. mechanisms of platinum compds. for DNA damage, DNA repair and induction of apoptosis via activation or modulation of signaling pathways and explores the basis of platinum resistance. Cisplatin, carboplatin, oxaliplatin and most other platinum compds. induce damage to tumors via induction of apoptosis; this is mediated by activation of signal transduction leading to the death receptor mechanisms as well as mitochondrial pathways. Apoptosis is responsible for the characteristic nephrotoxicity, ototoxicity and most other toxicities of the drugs. The major limitation in the clin. applications of cisplatin has been the development of cisplatin resistance by tumors. Mechanisms explaining cisplatin resistance include the reduction in cisplatin accumulation inside cancer cells because of barriers across the cell membrane, the faster repair of cisplatin adducts, the modulation of apoptotic pathways in various cells, the upregulation in transcription factors, the loss of p53 and other protein functions and a higher concentration of glutathione and metallothioneins in some type of tumors.
A number of exptl. strategies to overcome cisplatin resistance are at the preclin. or clin. level such as introduction of the bax gene, inhibition of the JNK pathway, introduction of a functional p53 gene, treatment of tumors with aldose reductase inhibitors and others. Particularly important are combinations of platinum drug treatments with other drugs, radiation and the emerging gene therapy regimens.
RE.CNT 165 THERE ARE 165 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 39 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2003:739526 CAPLUS
DN 139:285515
TI Update on gemcitabine/carboplatin in patients with advanced non-small cell lung cancer
AU Harper, Peter
CS Guy's & St. Thomas Hospital, London, UK
SO Seminars in Oncology (2003), 30(4, Suppl. 10), 2-12
CODEN: SOLGAV; ISSN: 0093-7754
PB W. B. Saunders Co.
DT Journal; General Review
LA English
AB A review. Platinum-based chemotherapy regimens comprise a standard treatment approach for patients with advanced and metastatic non-small cell lung cancer (NSCLC). Based on results from randomized studies and meta-analyses, it has been established that such therapy significantly improves survival and maintains or improves quality of life relative to best supportive care. Combinations of cisplatin or carboplatin with gemcitabine, a newer-generation nucleoside antimetabolite with single-agent activity of 20% to 26% in advanced NSCLC, have shown antitumor activity and are well tolerated. In many studies in the advanced-disease setting, carboplatin has replaced cisplatin because of its improved nonhematol. toxicity profile and greater ease of administration. Encouraging results in the phase II setting have led to the design and implementation of several phase III studies of gemcitabine/carboplatin in the treatment of patients with advanced NSCLC. Results of three phase III trials involving more than 900 patients not previously treated with chemotherapy are discussed herein. These studies compared gemcitabine/carboplatin vs. gemcitabine alone, gemcitabine/carboplatin vs. gemcitabine/cisplatin, and gemcitabine/carboplatin vs. mitomycin/ifosfamide/cisplatin (MIP), a regimen commonly used in Europe. Results show that gemcitabine/carboplatin efficacy was equivalent or superior to that achieved with single-agent gemcitabine or other platinum-based

treatments. The regimen was well tolerated overall, and available data from one study show a significant improvement in quality of life. Thus, gemcitabine/carboplatin appears to be a viable option in the first-line treatment of advanced NSCLC. The results of one study reviewed suggest that gemcitabine/carboplatin can be considered for the treatment of patients over 70 yr old.
RE.CNT 55 THERE ARE 55 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 40 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2003:722466 CAPLUS
DN 140:191840
TI First-line treatment regimens and the role of consolidation therapy in advanced ovarian cancer
AU Stuart, Gavin C. E.
CS Tom Baker Cancer Center, Calgary, AB, T2N 4K8, Can.
SO Gynecologic Oncology (2003), 90(3, Pt. 2), S8-S15
CODEN: GYNOA3; ISSN: 0090-8258
PB Elsevier Science
DT Journal; General Review
LA English
AB A review. Current first-line management for advanced ovarian cancer consists of cytoreductive surgery followed by chemotherapy, usually with a platinum/taxane combination. Although this approach has been shown to achieve overall response rates of 70-80% in clin. trials, the majority of patients relapse. A number of different approaches have been investigated to improve the efficacy of therapy, including the introduction of newer agents, such as topotecan, into chemotherapy regimens and the use of consolidation therapy. Encouraging results have been obtained in clin. trials of topotecan administered using a variety of different approaches, including replacement regimens, triplet regimens, and sequential doublet regimens. Other treatment modalities have included the use of drug resistance modifiers and i.p. delivery of treatment. A variety of approaches to consolidation therapy have also been investigated, including radiotherapy, cytotoxic therapy, and i.p. therapy. The use of topotecan has also shown promise in this setting, although further data from large, controlled trials are required. In summary, while good response rates are obtained using current first-line treatments, the high relapse rate indicates the need to develop more effective and durable treatment regimens including new agents with, perhaps, an increased emphasis on maintaining remission through the use of consolidation therapy.
RE.CNT 56 THERE ARE 56 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 41 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2003:690953 CAPLUS
DN 139:254636
TI Docetaxel-based combined-modality chemoradiotherapy for locally advanced non-small cell lung cancer
AU Scagliotti, Giorgio V.; Turrisi, Andrew T., III
CS Department of Clinical and Biological Sciences, S. Luigi Hospital, Thoracic Oncology Unit, University of Turin, Turin, Italy
SO Oncologist (2003), 8(4), 361-374
CODEN: OCOLF6; ISSN: 1083-7159
PB AlphaMed Press
DT Journal; General Review
LA English
AB A review. The cytotoxic agent docetaxel not only has proven activity in non-small cell lung cancer-when used alone or in combination-but is also a potent radiosensitizer, and improved treatments are needed in all stages of this disease. In patients

with locoregionally advanced (stage III) disease, docetaxel has shown efficacy with manageable toxicities when used alone or in combination with a platinum compound in a sequential manner before localized radical radiotherapy/surgery. Presently, therapeutic gains appear to be maximized by the use of concurrent chemotherapy and irradiation This review focuses on research with combinations of docetaxel with either cisplatin or carboplatin and radiotherapy. Overall response and survival rates to date provide data worth pursuing. From phase I data, weekly docetaxel at 20 mg/m2 plus cisplatin at 25 mg/m2 or carboplatin to an area under the concentration time curve of 2 mg/mL·min with concurrent radiotherapy to 60 Gy over 6 wk appear to be suitable for phase II trials. Predominant toxicities are esophagitis and neutropenia, but a low frequency of pulmonary toxicity is reported. Induction, concurrent, and consolidation docetaxel-based chemoradiotherapy in potentially resectable disease are all being investigated. Future research could include the investigation of computed tomog./positron emission tomog.-derived target volume radiotherapy, dose-escalated therapy, and alternative fractionation schedules in combination with docetaxel-based cytotoxic chemotherapy.

RE.CNT 78 THERE ARE 78 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 42 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2003:526408 CAPLUS
DN 139:373990
TI Emerging treatments for ovarian cancer
AU Muggia, Franco; Lu, M. Janice
CS Division of Medical Oncology, New York University School of Medicine, New York, NY, 10016, USA
SO Expert Opinion on Emerging Drugs (2003), 8(1), 203-216
CODEN: EOEDA3
PB Ashley Publications Ltd.
DT Journal; General Review
LA English
AB A review. The survival at 5 yr, of patients with ovarian cancer, has steadily improved since 1960, when surgery and alkylating agents were the only initial modalities employed to cope with the usual late presentation of the disease. In the 1980s, cisplatin and then carboplatin became established as the most active drugs, alone or in combination with other drugs. In the last decade, the anti-microtubulin drug paclitaxel, and the topoisomerase I inhibitor topotecan were noted to be active after failure of platinum drugs. These drugs, as well as others with known activity in the second-line setting, such as the pegylated liposomal doxorubicin, gemcitabine and oral etoposide, all play a role in the treatment of these patients and likely prolong survival without eradicating the disease. The plight of these patients has stimulated new areas of drug development. Here, the evolution of the current therapeutic strategy, the scientific rationale for cytotoxic and non-cytotoxic agents and their status at present are reviewed. "Targeted" drug trials, in contrast to trials studying cytotoxic drug analogs, currently represent only a minor portion of clin. trials in ovarian cancer.

RE.CNT 104 THERE ARE 104 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 43 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2003:526407 CAPLUS
DN 139:373989
TI Emerging drugs in colorectal cancer
AU Scott, Lucy; Fraser, Judith; Cassidy, Jim
CS Department of Medical Oncology, Beatson Oncology Centre, Glasgow, UK
SO Expert Opinion on Emerging Drugs (2003), 8(1), 193-202
CODEN: EOEDA3

PB Ashley Publications Ltd.
DT Journal; General Review
LA English
AB A review. A raft of novel agents with different modes of action is finally challenging the position of 5-fluorouracil (5-FU) as the gold standard treatment for colorectal cancer. Oral fluoropyrimidines, topoisomerase I inhibitors and new generation platinum compds. are all currently being investigated. There is also increasing interest in the development and use of biol. therapies, which may allow treatments to become tailored to individual patients and cause less toxicity than conventional cytotoxics. It is hoped that with the development of these new drugs, the response rates and survival for patients with colorectal cancer will improve from the poor prognosis that many face at present.
RE.CNT 75 THERE ARE 75 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 44 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2003:276323 CAPLUS
DN 139:16994
TI Dose-comparative monotherapy trials of ZD 1839 in previously treated non-small cell lung cancer patients
AU Herbst, Roy S.
CS Department of Thoracic/Head and Neck Medical Oncology, M. D. Anderson Cancer Center, Houston, TX, USA
SO Seminars in Oncology (2003), 30(1, Suppl. 1), 30-38
CODEN: SOLGAV; ISSN: 0093-7754
PB W. B. Saunders Co.
DT Journal; General Review
LA English
AB A review. Patients with non-small cell lung cancer (NSCLC) frequently present, or relapse, with unresectable disease that is resistant to standard chemotherapy. There is, therefore, an urgent need for new treatments for NSCLC and other solid tumors. ZD 1839 (Iressa; Astra-Zeneca Pharmaceuticals LP, Wilmington, DE), an orally active, selective epidermal growth factor receptor-tyrosine kinase inhibitor, has shown promising antitumor responses in phase I clin. trials in heavily pretreated patients with advanced NSCLC and other solid tumors. Randomized, multicenter global and US-based clin. trials were conducted to investigate two doses of ZD 1839 as second- or third-line monotherapy in patients with advanced NSCLC. The global trial, Iressa Dose Evaluation in Advanced Lung Cancer (IDEAL)-1, was a double-blind, randomized, dose-comparative study that enrolled 210 patients with NSCLC at centers in Europe, Japan, South Africa, and Australia. This trial included patients with advanced unresectable stage III or IV NSCLC who had recurrent or progressive disease following one or two chemotherapy regimens, at least one of which was platinum based. IDEAL-1 showed that once-daily oral treatment with ZD 1839 at 250 or 500 mg/day resulted in tumor response rates of 18% and 19%, resp. Disease control rates, which included both tumor responses and stable disease, were 54% and 51%, resp. Median progression-free survival was 83 days in the 250 mg/day group and 85 days in the 500 mg/day group. Rapid improvements in NSCLC-related symptoms were seen in the subpopulation of patients who were symptomatic and had completed a Lung Cancer Subscale questionnaire at baseline. Both the 250 mg/day and 500 mg/day doses of ZD 1839 were well tolerated by patients in this trial. The majority of adverse events were grades 1 or 2 skin rash and diarrhea, which were readily manageable and reversible, and withdrawals were rare. The US monotherapy study in NSCLC, IDEAL-2, comprised 30 trial centers and enrolled 221 patients with NSCLC for third-line or greater therapy; 216 patients received treatment and were evaluable. This trial included patients with advanced stage III or IV NSCLC who had received two or more chemotherapy regimens that contained

platinum and docetaxel, either concurrently or in sep. regimens, with most patients having received more than two prior regimens. Although the IDEAL-1 and IDEAL-2 trials were similar in study design, patients in IDEAL-2 were sicker, as evidenced by a higher percentage of patients with a performance status of 2, metastatic disease, and disease-related symptoms. Because measuring the symptom improvement rate was a primary objective in IDEAL-2, all patients were symptomatic and were required to have a Lung Cancer Subscale score of 24 or less at trial entry. Objective tumor response rates (all partial responses) were 12% for the 250 mg/day group and 9% for the 500 mg/day group. Symptom improvement rates (increase of at least two points on the Lung Cancer Subscale) were 43% and 35%, resp. Both doses of ZD 1839 were well tolerated in this trial. The results of IDEAL-1 and IDEAL-2 indicate that ZD 1839 monotherapy may offer a single-agent alternative for patients with advanced solid tumors who have received and progressed on prior chemotherapy, many of whom have exhausted their therapy options.

RE.CNT 39 THERE ARE 39 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 45 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2002:861211 CAPLUS
DN 137:345475
TI Relapsed ovarian cancer: challenges and management strategies for a chronic disease
AU Armstrong, Deborah K.
CS Johns Hopkins University, Baltimore, MD, USA
SO Oncologist (2002), 7(Suppl. 5), 20-28
CODEN: OCOLF6; ISSN: 1083-7159
PB AlphaMed Press
DT Journal; General Review
LA English
AB A review. Advances in the treatment and early detection of ovarian cancer have led to gains in 5-yr survival rates, with 52% of women diagnosed between 1992 and 1997 surviving 5 yr or longer, compared with 41% of women diagnosed between 1983 and 1985. Although approx. 10%-15% of patients achieve and maintain complete responses to therapy, the remaining patients have persistent disease or eventually relapse. These patients will generally undergo a series of treatments, each associated with progressively shorter treatment-free intervals. Nevertheless, median survival of patients with recurrent ovarian cancer ranges from 12-24 mo, demonstrating the chronic natural history of the disease. Advances in the treatment of ovarian cancer over the past decade have led to these improvements and have prompted oncologists to now view the management of patients with ovarian cancer as an ongoing, long-term challenge. This shift in approach has raised important new questions regarding patient management, including the need to define trigger points for initiating or changing treatment (e.g., sequential increases in serum cancer antigen 125 levels, appearance of symptoms, or cumulative toxicities), anticipation of impending treatment decision points, recognition that the overtreatment of patients early in the disease process may adversely affect future treatment opportunities, and a renewed emphasis on patient education and participation in decision-making. This review will discuss these important patient management issues and will conclude with case studies illustrating two distinct treatment strategies (planning and sequencing) for the long-term management of patients with ovarian cancer.

RE.CNT 39 THERE ARE 39 CITED REFERENCES AVAILABLE FOR THIS RECORD
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L12 ANSWER 46 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2002:861209 CAPLUS

DN 137:345474
TI Management of treatment-related toxicity in advanced ovarian cancer
AU Dunton, Charles J.
CS Albert Einstein Medical Center, Philadelphia, PA, USA
SO Oncologist (2002), 7(Suppl. 5), 11-19
CODEN: OCOLF6; ISSN: 1083-7159
PB AlphaMed Press
DT Journal; General Review
LA English
AB A review. Recognition of recurrent ovarian cancer as a disease with significant secondary responses and remissions has led to an increase in the need for oncologists to plan for the long-term therapy of patients. However, many of the currently available front-line and salvage agents used in advanced ovarian cancer are associated with cumulative and/or irreversible toxicities that pose challenges in long-term planning. The irreversible effects associated with some of these therapies may render patients less tolerant to subsequent treatments and lead to a cycle of diminishing treatment options with each remission and disease relapse. Addnl., the potential for patients to experience cumulative toxicity must be carefully weighed against the goals of prolonging the disease-free interval and improving patient quality of life. A number of agents are available in the treatment armamentarium (platinum, paclitaxel, gemcitabine, etoposide, liposomal doxorubicin, and topotecan), many, but not all of which are associated with cumulative toxicity. For instance, cumulative neurotoxicity associated with cisplatin as first-line therapy may diminish the option for retreatment with platinum at first relapse. In contrast, the main toxicity associated with topotecan is noncumulative, manageable myelosuppression. In this review, the major toxicities associated with the predominant chemotherapy agents used in advanced ovarian cancer are discussed along with selected management approaches in the context of long-term treatment planning and sequencing.
RE.CNT 68 THERE ARE 68 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 47 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2002:682748 CAPLUS
DN 137:210328
TI Docetaxel in ovarian cancer: phase III perspectives and future development
AU Kaye, Stanley B.; Vasey, Paul A.
CS Cancer Research Campaign Department of Medical Oncology, The Royal Marsden Hospital, Surrey, UK
SO Seminars in Oncology (2002), 29(3, Suppl. 12), 22-27
CODEN: SOLGAV; ISSN: 0093-7754
PB W. B. Saunders Co.
DT Journal; General Review
LA English
AB A review. In the mid 1990s, the incorporation of paclitaxel into platinum-based therapy for ovarian cancer marked a significant advance in treatment. Future progress will probably involve redns. in toxicity, which may be achieved by combining the less neurotoxic agent docetaxel with carboplatin. In an international phase III study, 1,077 chemotherapy-naive patients with stage Ic-IV ovarian cancer were randomized to receive carboplatin targeted to an AUC of 5 plus either docetaxel 75 mg/m2 or paclitaxel 75 mg/m2 for six cycles. Patients treated with paclitaxel plus carboplatin experienced significantly greater neurotoxicity than those treated with docetaxel plus carboplatin. Docetaxel/carboplatin and paclitaxel/carboplatin produced similar rates of objective response (66% and 62%, resp.), and initial data on progression-free survival indicate that the two treatments

appear very similar in efficacy. Thus, docetaxel may prove to be a valid alternative to paclitaxel as part of first-line therapy in ovarian cancer. Nevertheless, there remains considerable scope for improvements in treatment. There is the possibility of using existing drugs more effectively, perhaps by the use of sequential rather than concurrent regimens. This would allow the most active drugs to be used at full dose, increase tolerability, and avoid the possibility of neg. drug interaction. The integration of molecularly targeted agents, such as those directed at epidermal growth factor receptors, into existing regimens is highly promising but will need to be explored in randomized trials of first-line therapy. Because the prime obstacle to successful treatment is the acquisition of drug resistance, understanding the underlying mechanisms is an important future priority. One candidate is mismatch repair deficiency; the interest here is that exptl. resistance reversal is achievable with hypomethylating agents, raising the possibility of future clin. trials if the clin. relevance of this mechanism can be confirmed.

RE.CNT 36 THERE ARE 36 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 48 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2002:576965 CAPLUS
DN 137:149639
TI Present and future treatment of advanced non-small cell lung cancer
AU Crino, Lucio; Cappuzzo, Federico
CS Division of Medical Oncology, Department of Oncology, Bellaria Hospital, Bologna, 40039, Italy
SO Seminars in Oncology (2002), 29(3, Suppl. 9), 9-16
CODEN: SOLGAV; ISSN: 0093-7754
PB W. B. Saunders Co.
DT Journal; General Review
LA English
AB A review. Platinum-based chemotherapy is considered the standard treatment for advanced non-small cell lung cancer (NSCLC). Several phase II trials using cisplatin in combination with new chemotherapeutic agents, such as gemcitabine, the taxanes, vinorelbine, and irinotecan, showed impressive response rates and suggested an improvement in overall survival. Large phase III trials comparing these second-generation cisplatin regimens indicated a substantial equivalence of new combinations, marginally improving the outcome of patients over the first-generation platinum-based regimens. Phase III trials have not yet shown dramatic advantages for either multiple-drug regimens, with nonoverlapping mechanisms of action and toxicity, or nonplatinum doublets, with efficacy and/or toxicity profiles superior to those of platinum-based chemotherapy. Chemotherapy in advanced non-small cell lung cancer has reached a plateau, and it is clear that new approaches are required. These should include prevention, screening, and early detection, and the use of novel treatments based on our understanding of the biol. and mol. biol. of this disease.

RE.CNT 48 THERE ARE 48 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 49 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2002:526279 CAPLUS
DN 137:103289
TI Epithelial ovarian cancer: Second and third line chemotherapy (review)
AU Latorre, A.; De Lena, M.; Catino, A.; Crucitta, E.; Sambiasi, D.; Guida, M.; Misino, A.; Lorusso, V.
CS IRCCS-Oncology Hospital, Bari, I-70126, Italy
SO International Journal of Oncology (2002), 21(1), 179-186

CODEN: IJONES; ISSN: 1019-6439
PB International Journal of Oncology
DT Journal; General Review
LA English
AB A review. Standard therapy for patients affected with advanced epithelial ovarian cancer is cytoreductive surgery followed by combination chemotherapy. With this treatment, most patients obtain clin. complete or partial response, nevertheless, relapse is common and salvage chemotherapy is often needed. The probability of response to second line chemotherapy following platinum-based treatments is usually related to the platinum-free interval, even if recent studies have reported some other clin. features as having prognostic value, such as tumor burden and histol. Salvage monochemotherapy is generally used, but when the platinum-free interval is longer than 24 mo, re-treatment with platinum compds. and/or taxanes is indicated. Moreover, a number of new agents with demonstrated activity in ovarian cancer are currently available. Sequentially used in recurrent disease, these agents may improve survival and/or quality of life. Among these new drugs, the most promising are: topotecan, doxil, gemcitabine and platinum analogs such as oxaliplatin, nedaplatin, satraplatin, BBR3464 and ZD0473. However, the real aim of salvage chemotherapy in relapsed ovarian cancer still remains palliative care, because complete responses are very rarely reported and long lasting responses are very seldom observed
RE.CNT 60 THERE ARE 60 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 50 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2002:422743 CAPLUS
DN 137:27728
TI The role of pro-drug therapy in the treatment of cancer
AU Ferguson, Michelle J.; Ahmed, Fareeda Y.; Cassidy, Jim
CS Anchor Unit, Aberdeen Royal Infirmary, Aberdeen, UK
SO Drug Resistance Updates (2001), 4(4), 225-232
CODEN: DRUPFW; ISSN: 1368-7646
PB Harcourt Publishers Ltd.
DT Journal; General Review
LA English
AB A review. The administration of anti-cancer agents is currently associated with significant toxicity and lack of tumor specificity. Prodrugs are being designed to favorably alter the therapeutic index of these agents by improving their efficacy and reducing toxicity. Progress in the development of prodrugs including the cytotoxic agents most commonly used in cancer treatments namely 5-fluorouracil (5-FU), the anthracyclines, paclitaxel and platinum will be described. Many of these agents are at an early stage of development: however, this article will also describe those which have already made an impact in the clinic. It is likely that future improvements in care will come from refinement of the drugs already well established in clin. practice. In addition, this technol. could be applied to novel agents with alternative cellular targets such as those involved in angiogenesis or in conferring metastatic potential. Thus, lessons learned with standard drugs may be applicable across a wider spectrum of therapeutics.
RE.CNT 72 THERE ARE 72 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 51 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2002:329175 CAPLUS
DN 136:400111
TI Interferon trials in small cell lung cancer at one institution: a comparison of results obtained before and after initiation of systematic

treatment trials using IFN-α in combination with other modalities
AU Ruotsalainen, Tarja M.; Mattson, Karin
CS Department of Oncology, Division of Respiratory Diseases, Helsinki University Central Hospital, Finland
SO Journal of Interferon and Cytokine Research (2002), 22(2), 165-171
CODEN: JICRFJ; ISSN: 1079-9907
PB Mary Ann Liebert, Inc.
DT Journal; General Review
LA English
AB A review. Chemotherapy became the primary treatment for small cell lung cancer (SCLC) in the early 1970s. The standard drug combinations were first vincristine, adriamycin, and cyclophosphamide (VAC) and then, from the early 1980s, etoposide-platinum combinations. Despite a good initial objective response, however, patients usually suffer a rapid relapse. Treatment development has, therefore, focused on ways to overcome drug resistance, and on the addition of cytokines to the chemotherapeutic arsenal. Interferon (IFN) was one of the first cytokines found to have anticancer effects, and it was introduced into the combined modality regimens used to treat SCLC in the early 1980s to overcome the problem of early relapse. The role of IFN was investigated with the aim of establishing how best to combine it with other treatments for SCLC. In this paper, the authors review the impact of IFN on the outcome for 714 SCLC patients who were treated in randomized IFN trials at one institution over a period of 20 yr and IFN trials conducted at other institutions during the same period. The parameters the authors used at the institution to measure outcome tended to improve during the period when patients were being treated in the three randomized IFN trials, compared with the period when patients received only standard treatment in a nonclin. trial setting. However, the differences were not statistically significant. During this period, IFN was used as maintenance therapy, concomitantly with chemotherapy, and combined with other treatment modalities. The authors' experience is that IFN-α is most effective when administered as low-dose maintenance treatment. Other IFN trials published during the same period were small and heterogeneous. Results were inconsistent and added little new information, although it has been shown that high pretreatment levels of serum vascular endothelial growth factor (VEGF) predict a poor response to treatment and consequently a poor outcome. The recently confirmed antiangiogenic properties of IFN deserve to be investigated in studies of maintenance treatment, in combination with other biol. agents. Patients should be selected according to criteria based on pretreatment assessment of biol. markers, such as VEGF and basic fibroblast growth factor (bFGF). These studies, all at one institution, pioneered the biol. treatment of solid tumors and developed a solid basis of knowledge for future studies of biol. agents in cancer treatment.
RE.CNT 41 THERE ARE 41 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 52 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2002:277245 CAPLUS
DN 136:350074
TI Chemotherapy in advanced nonsmall cell lung cancer: Indication, intensity, and duration
AU Booton, Richard; Thatcher, Nicholas
CS CRC Department of Medical Oncology, Christie Hospital NHS Trust, Manchester, M20 4BX, UK
SO Current Opinion in Oncology (2002), 14(2), 191-198
CODEN: CUOOE8; ISSN: 1040-8746
PB Lippincott Williams & Wilkins
DT Journal; General Review
LA English

AB A review. Platinum-based combination and single-agent chemotherapy have become accepted as treatments for locally advanced and metastatic nonsmall cell lung cancer as a consequence of improved survival, quality of life, and symptom control compared with best supportive care. However, it is clear that a therapeutic plateau has been reached with current combinations requiring a re-evaluation of strategies to improve clin. outcomes. Dose intensification may offer one way in which to achieve better results, as may extension of the duration of treatment. The evidence suggests that dose intensification is a useful tool, and that its use in combination with markers of treatment duration and cumulative dose may help to maximize results from current active drug combinations.
RE.CNT 43 THERE ARE 43 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 53 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2002:206168 CAPLUS
DN 136:334634
TI Future directions in the treatment of ovarian cancer
AU Ozols, Robert F.
CS Fox Chase Cancer Center, Philadelphia, PA, 19111, USA
SO Seminars in Oncology (2002), 29(1, Suppl. 1), 32-42
CODEN: SOLGAV; ISSN: 0093-7754
PB W. B. Saunders Co.
DT Journal; General Review
LA English
AB A review. Standard chemotherapy for previously untreated patients with advanced ovarian cancer consists of the combination of a taxane and a platinum compound While the majority of patients respond to therapy, median time to progression is less than 2 yr. Patients with recurrent disease frequently respond to second-line treatments, but the impact on survival remains uncertain. Consequently, new treatment approaches are needed. Based on the results of phase II trials that demonstrated activity in previously treated patients with ovarian cancer, new combination regimens are being tested in which drugs such as gemcitabine, topotecan, or encapsulated doxorubicin are added to or sequenced with carboplatin plus paclitaxel. In addition, new platinum and taxane analogs are also under clin. development. Biol. approaches to the treatment of patients with ovarian cancer are also in clin. development and include drugs that interfere with angiogenesis, matrix metalloproteinases, and signal transduction pathways. These drugs are currently being tested in previously treated patients with recurrent ovarian cancer. However, ultimately there may be a new paradigm of treatment in which patients receive combination chemotherapy together with a biol. agent for six cycles of treatment and, at that point, the chemotherapy is stopped and patients continue with chronic maintenance biol. therapy.
RE.CNT 49 THERE ARE 49 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 54 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2001:759975 CAPLUS
DN 137:57051
TI Improved Therapeutic Index of Lower Dose Topotecan Chemotherapy in Recurrent Ovarian Cancer
AU Rodriguez, Michael; Rose, Peter G.
CS Michiana Hematology and Oncology, Northern Indiana Cancer Research Consortium, South Bend, IN, 46617, USA
SO Gynecologic Oncology (2001), 83(2), 257-262
CODEN: GYNOA3; ISSN: 0090-8258
PB Academic Press
DT Journal

LA English
AB Topotecan (1.5 mg/m2) administered daily for 5 consecutive days of a 21-day cycle is an established chemotherapeutic regimen in recurrent ovarian cancer. However, non-cumulative myelosuppression has limited its use by many clinicians. We sought to determine whether a lower dose of topotecan could provide comparable tumor activity and higher tolerability in pretreated ovarian cancer patients. A retrospective chart review was conducted on recurrent ovarian, peritoneal, or fallopian tube cancer patients with measurable disease or elevated cancer antigen 125 levels (evaluable disease). Patients were treated with topotecan (1.0 mg/m2) given by 30-min i.v. infusion for 5 consecutive days every 21 days until disease progression or unacceptable toxicity. Treatment records from 37 women who had been treated with a median of 3 courses (range, 1 to 17) of lower dose topotecan were evaluated; all were evaluable for tolerability and 36 were evaluable for response. Patients had received a median of 3 (range, 1 to 6) previous treatments. The overall response rate was 22% (8/36); the response rates for patients with evaluable disease and measurable disease were 35.7 (5/14) and 13.6% (3/22), resp. An addnl. 8 patients (22%) achieved stable disease. Grade 4 neutropenia, thrombocytopenia, and anemia occurred in 48.6, 5.4, and 5.4% of patients, resp. Granulocyte colony-stimulating factor support was used in 37% of patients, including 5 who experienced febrile neutropenia. Topotecan at 1.0 mg/m2 + 5 days every 21 days is active in platinum- and paclitaxel-resistant ovarian cancer, with significant improvements in hematol. toxicity. In heavily pretreated patients, topotecan can be safely given at reduced doses without apparent loss of efficacy. (c) 2001 Academic Press.
RE.CNT 35 THERE ARE 35 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 55 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2001:755020 CAPLUS
DN 136:95425
TI State-of-the art treatment of locally advanced and metastatic non-small-cell lung cancer
AU Bunn, Paul A.
CS University of Colorado Cancer Center, Denver, CO, 80220-3706, USA
SO Anti-Cancer Drugs (2001), 12(Suppl. 3), S3-S8
CODEN: ANTDEV; ISSN: 0959-4973
PB Lippincott Williams & Wilkins
DT Journal; General Review
LA French
AB A review. Despite the high mortality figures from lung cancer, advances have been observed in the treatment of advanced (stages IIIB and IV) non-small-cell lung cancer (NSCLC). In the first instance, such advances have been achieved thanks to chemotherapy (CT) consisting of Pt-based compds. (results demonstrated in several phase III studies) and then thanks to newer cytotoxic agents such as gemcitabine (G). Used as monotherapy, G provides a marked benefit compared to the standard treatment consisting of etoposide/cisplatin (EC) (21% objective response, 39% survival at 1 yr). A good efficacy profile of this agent in combination with Pt analogs was also observed in randomized phase III studies, confirming the significantly higher survival obtained with the G/cisplatin (GC) combination (in GC vs. C protocols and that comparing four doublets of CT). Results observed with G without Pt analogs are comparable to those of treatment with a Pt agent. Other studies conducted with triplets of CT need to be confirmed. Newer noncytotoxic agents have also been studied: the antivascular endothelial growth factor monoclonal antibody with or without CT may prolong survival; docetaxel improves overall survival outcomes compared to palliative therapy. In locally advanced stages, advances have been made possible by radiochemotherapy

(RT/CT): several phase II and phase III studies using EC and RT have been conducted. Lastly, in induction treatments, CT appears to provide improvement.
RE.CNT 24 THERE ARE 24 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 56 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2001:572403 CAPLUS
DN 136:267970
TI Biodegradable polymer implants to treat brain tumors
AU Brem, H.; Gabikian, P.
CS Johns Hopkins University School of Medicine Department of Neurological Surgery, Baltimore, MD, 21205, USA
SO Journal of Controlled Release (2001), 74(1-3), 63-67
CODEN: JCREEC; ISSN: 0168-3659
PB Elsevier Science Ireland Ltd.
DT Journal; General Review
LA English
AB A review. We have developed a systematic approach for the discovery and evaluation of local treatment strategies for brain tumors using polymers. We demonstrated the feasibility of polymer-mediated drug delivery by using the standard chemotherapeutic agent 1,3-bis(2-chloroethyl)-1-nitrosourea (BCNU) and showed that local treatment of gliomas by this method is effective in animal models of intracranial tumors. This led to clin. trials for glioma patients, and subsequent approval of Gliadel [(3.8% BCNU): p(CPP:SA)] by the FDA and other worldwide regulatory agencies. Twenty-two addnl. clin. trials are currently underway evaluating other issues related to the BCNU polymer, such as dosage, combination with systemic treatments, and combination with various forms of radiation and resistance modifiers. These trials are a result of laboratory investigations using brain tumor models;
based on these models, other research groups have initiated clin. trials with novel combinations of different drugs and new polymers for both intracranial tumors (5-fluorouracil delivered via poly(d-l lactide-co-glycolide) polymer) and for tumors outside the brain (paclitaxel in PPE microspheres for ovarian cancer). Since only 1/3 of patients with glioblastoma multiforme (GBM) are sensitive to BCNU, the need to search for addnl. drugs continues. Although we are attacking major resistance mechanisms, there still will be tumors that do not respond to BCNU therapy but are sensitive to agents with different mechanisms of action, such as taxanes, camptothecin, platinum drugs, and antiangiogenic agents. Thus, it is necessary to explore multiple single agents and ultimately to combine the most effective agents for the clin. treatment of GBM. Furthermore, multimodal approaches combining radiotherapy with microsphere delivery of cytokines and antiangiogenic agents have demonstrated encouraging results.
RE.CNT 30 THERE ARE 30 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 57 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2001:513902 CAPLUS
DN 135:282586
TI Combined chemotherapy and radiation in locally advanced non-small-cell lung cancer
AU Jassem, Jacek
CS Department of Oncology and Radiotheray, Medical University of Gdansk, Gdansk, 80-211, Pol.
SO Lancet Oncology (2001), 2(6), 335-342
CODEN: LOANBN; ISSN: 1470-2045
PB Lancet Publishing Group
DT Journal; General Review

LA English
AB A review with refs. The efficacy of radiotherapy in locally advanced non-small-cell lung cancer is limited. One attempt to improve survival uses a combination of radiation and chemotherapy. These two modalities can be applied in sequence or concurrently, but results from phase III trials of combined therapy vs. radiation alone have been inconsistent. Early studies were mostly neg., but more recent trials using platinum-based regimens have shown some survival benefit for combined treatments. The pos. impact of chemotherapy has also been shown in a meta-anal. In recent studies, concurrent chemotherapy and radiation appears better than sequential application. However, the benefit of the combined approach is modest and should be balanced against increased early and late toxicity. The role of new agents such as taxanes, vinorelbine, gemcitabine, and topoisomerase inhibitors in combined modality therapy of non-small-cell lung cancer warrants further clin. investigation.
RE.CNT 62 THERE ARE 62 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 58 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2001:511689 CAPLUS
DN 135:297960
TI New drug and multimodality combinations in the treatment of advanced non-small cell lung cancer
AU Kawahara, Masaaki; Kris, Mark G.; Green, Mark; Kunitoh, Hideo
CS National Kinki Central Hospital, Japan
SO Seminars in Oncology (2001), 28(3, Suppl. 9), 1-4
CODEN: SOLGAV; ISSN: 0093-7754
PB W. B. Saunders Co.
DT Journal; General Review
LA English
AB A review with refs. Over the last decade a range of new agents has become available for the treatment of patients with metastatic non-small cell lung cancer (NSCLC). These include antimetabolites such as gemcitabine and multi-targeted antifolate, antitubulin (vinorelbine), tubulin-stabilizing taxanes (docetaxel and paclitaxel), and topoisomerase-1 inhibitors such as irinotecan. Taxanes have contributed substantially to the progress that has been made. Docetaxel, in particular, is the first drug shown to be beneficial in the second-line setting (ie, in patients with NSCLC refractory or resistant to platinum therapy). The focus of a symposium held in Tokyo as part of the Ninth World Conference on Lung Cancer was the role of docetaxel in the evolution of more effective therapy and as a potential foundation for new combination treatments in advanced disease and in the induction setting.
RE.CNT 22 THERE ARE 22 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 59 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2001:417729 CAPLUS
DN 135:146689
TI Innovative treatments for advanced non-small cell lung cancer
AU Tester, William; Mora, Jorge
CS Albert Einstein Cancer Center, Philadelphia, PA, 19141-3098, USA
SO Expert Opinion on Investigational Drugs (2001), 10(6), 1021-1032
CODEN: EOIDER; ISSN: 1354-3784
PB Ashley Publications Ltd.
DT Journal; General Review
LA English
AB A review with 107 refs. Lung cancer remains the most frequent and most lethal cancer worldwide. Non-small cell lung

cancer (NSCLC) comprises the vast majority of the histol. types. Surgery remains the standard therapy for early stage disease but for advanced stage disease, modern treatment is unsatisfactory. However, during the past ten years, improvements in response and survival have been seen with the use of newer chemotherapy regimens. Early studies of neoadjuvant (pre-operative) chemotherapy for resectable stage III patients have shown promising results. For patients with non-resectable NSCLC platinum-based doublets are now established as first-line treatment, either alone or in combination with radiotherapy. Innovative non-platinum based combinations are actively being evaluated. The most promising non-platinum agents at this time include gemcitabine, paclitaxel, docetaxel, irinotecan and vinorelbine. These agents appear to be effective as single agents and in combinations and also have improved toxicity profiles. Several other systemic approaches are under active evaluation; the most promising areas include anti-angiogenesis agents, immunotoxins, interleukins, vaccines and mol. therapy.

RE.CNT 107 THERE ARE 107 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 60 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2001:272421 CAPLUS
DN 135:204636
TI Challenging the platinum combinations: docetaxel (Taxotere) combined with gemcitabine or vinorelbine in non-small cell lung cancer
AU Georgoulias, Vassillis; Scagliotti, Giorgio; Miller, Vincent; Eckardt, John; Douillard, Jean-Yves; Manegold, Christian
CS University Hospital Heraklion, Crete, Greece
SO Seminars in Oncology (2001), 28(1, Suppl. 2), 15-21
CODEN: SOLGAV; ISSN: 0093-7754
PB W. B. Saunders Co.
DT Journal; General Review
LA English
AB A review with 33 refs. The limited single-agent activity of cisplatin, its toxicity profile, and the inconvenience involved in hydrating patients has compelled researchers to investigate other treatments as possible alternative therapies in non-small cell lung cancer. More recently, interest has focused on the potential of nonplatinum combinations. Phase II studies show that the combination of docetaxel (Taxotere; Aventis, Antony, France) and gemcitabine is active in stage IIIB/IV non-small cell lung cancer not previously treated by chemotherapy. Response rates of up to 54% and a median survival time of 13 mo have been reported. These data are comparable with the achievements of cisplatin-based combinations. A randomized phase II trial of docetaxel plus gemcitabine vs. docetaxel plus cisplatin found that the two regimens were equally active in terms of response rate, median, and 1-yr survival. However, the combination of docetaxel with gemcitabine produced significantly less neutropenia and nonhematol. toxicities. In combination, from 80% to 100% of the full single-agent gemcitabine and docetaxel doses can safely be administered once every 3 wk. The combination of docetaxel plus vinorelbine is also active in non-small cell lung cancer and preliminary data suggest that this schedule with prophylactic filgrastim may optimize tolerability and dose intensity. In a phase II study using this approach, a confirmed response rate of 51% was obtained in 35 patients. At 12 mo, the predicted median survival is 14 mo and the predicted 1-yr survival rate is 60%. Excessive lacrimation, fatigue, and onycholysis were cumulative toxicities. However, the incidence of mucositis and neuropathy was low with the combination of docetaxel and vinorelbine. Docetaxel combined with other new agents, particularly gemcitabine, may offer another useful alternative to cisplatin-based chemotherapy in patients

with good performance status.
RE.CNT 33 THERE ARE 33 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 61 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2001:97942 CAPLUS
DN 134:357639
TI Speciation of platinum compounds: a review of recent applications in studies of platinum anticancer drugs
AU Barefoot, R. R.
CS Department of Geology, University of Toronto, Toronto, ON, M5S 3B1, Can.
SO Journal of Chromatography, B: Biomedical Sciences and Applications (2001), 751(2), 205-211
CODEN: JCBBEP; ISSN: 0378-4347
PB Elsevier Science B.V.
DT Journal; General Review
LA English
AB This is a review, with 23 refs., of studies involving speciation studies of five important Pt-containing drugs used in cancer treatments. The information presented here is drawn from recent reports published during the period 1995-1999. The work includes detection, sepns. and identifications of degradation and biotransformation products. In addition, important information is reported on the number and nature of products of reactions of Pt anticancer drugs with thiol compds. HPLC is employed effectively for sepns. of reaction products in speciation studies. Information derived from speciation is very helpful in studies of pharmacokinetics as well as side effects and toxicities of the drugs as they are administered to patients.
RE.CNT 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 62 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2000:789491 CAPLUS
DN 134:365332
TI Current and planned clinical trials with trastuzumab (herceptin)
AU Baselga, Jose
CS Medical Oncology Service, Hospital Universitari Vall d'Hebron, and the Universidad Autonoma de Barcelona, Barcelona, 08035, Spain
SO Seminars in Oncology (2000), 27(5, Suppl. 9), 27-32
CODEN: SOLGAV; ISSN: 0093-7754
PB W. B. Saunders Co.
DT Journal; General Review
LA English
AB A review with 15 refs. Trastuzumab (Herceptin; Genentech, Inc, So. San Francisco, CA) is a high-affinity, humanized anti-HER2 antibody that has shown benefit in the therapy of patients with metastatic HER2-overexpressing breast cancer. Results from initial clin. trials of trastuzumab as a single agent or in combination with chemotherapy established important guidelines for the therapy of HER2-pos. tumors, but represent an early phase of clin. development. Preclin. studies have shown additive and synergistic effects of trastuzumab when given in combination with several chemotherapeutic agents, and a series of clin. trials exploring these new combinations is under way or will be started shortly. Substantial effort will be directed toward promising schedules and combinations, such as weekly paclitaxel with trastuzumab or combinations of platinum, taxanes, and trastuzumab. Due to the unexpected cardiac toxicity observed with the combination of doxorubicin plus trastuzumab, new studies will be designed to prospectively assess cardiac function and will incorporate anthracyclines with less cardiotoxicity, such as liposomal doxorubicin. Combination studies are not limited to cytotoxic agents, as laboratory and clin. data have demonstrated that HER2 overexpression results in resistance to hormonal therapy. Therefore, a

series of studies combining hormonal treatments with trastuzumab is being considered. Finally, the integration of trastuzumab into the adjuvant and neoadjuvant settings will be studied by United States and European cooperative groups.
RE.CNT 15 THERE ARE 15 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 63 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 2000:478303 CAPLUS
DN 133:305186
TI Clinical perspectives on platinum resistance
AU Giaccone, Giuseppe
CS Division of Medical Oncology, Academic Hospital Vrije Universiteit, Amsterdam, Neth.
SO Drugs (2000), 59(Suppl. 4), 9-17
CODEN: DRUGAY; ISSN: 0012-6667
PB Adis International Ltd.
DT Journal; General Review
LA English
AB A review with 56 refs. The platinum compds. cisplatin and carboplatin are widely used in the treatment of a number of solid malignancies. Although some platinum-sensitive tumors may be cured by combination chemotherapy (e.g., testicular cancer), most will relapse and subsequently prove resistant to platinum compds. The mechanisms of platinum resistance in patients are still poorly understood. Clearly, when a tumor relapses a long time after successful lst-line treatment, there is a high chance that it will still be sensitive to platinum compds. A number of studies have attempted to assess the role of drug transport, the glutathione system, DNA repair and apoptosis genes in the development of resistance in tumors, but no conclusive evidence is available. Approaches to increasing the potency of platinum therapy (to overcome resistance) have been devised and some have proved to be effective; in particular, i.p. administration of cisplatin has shown superiority over i.v. administration in selected patients with ovarian cancer. The development of drugs and techniques to reduce the adverse effects of platinum chemotherapy has greatly improved their administration. Investigations attempting to modulate platinum activity and toxicity have also been performed. Further investigation of in vivo resistance mechanisms should be valuable in allowing prediction of clin. response to chemotherapy and may identify new treatments with the potential to improve outcomes for patients with a variety of platinum -resistant tumor types.
RE.CNT 56 THERE ARE 56 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 64 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 1998:233224 CAPLUS
DN 128:289900
OREF 128:57255a,57258a
TI Response to salvage treatment in recurrent ovarian cancer treated initially with paclitaxel and platinum-based combination regimens
AU Roland, P. Y.; Barnes, M. N.; Niwas, S.; Robertson, M. W.; Alvarez, R.; Austin, J. M.; Kilgore, L. C.; Partridge, E. E.
CS The University of Alabama at Birmingham, Birmingham, AL, 35233, USA
SO Gynecologic Oncology (1998), 68(2), 178-182
CODEN: GYNOA3; ISSN: 0090-8258
PB Academic Press
DT Journal
LA English
AB The aim of this study was to evaluate the response to salvage treatment in

recurrent ovarian cancer treated initially with paclitaxel-based chemotherapy. A retrospective review of patients with recurrent ovarian cancer treated with surgical debulking and paclitaxel-based chemotherapy was performed. All cases received second-line treatment with a response evaluated by clin. or surgical means. Data anal. was conducted using the SAS statistical package. Fifty cases of advanced stage disease were available for review. Patients received paclitaxel and cisplatin or carboplatin with a 72.0% response rate. The median time to recurrence after primary treatment was 6 mo. Second-line treatment included cisplatin or carboplatin (50%), Taxol (10%), or lutetium (22%), an i.p. radiolabeled monoclonal antibody targeted to TAG-72. A 52.0% clin. response to salvage treatment was detected. With a median follow-up of 7 mo, 68.0% of patients had experienced recurrence or progression of their disease. The median time to second recurrence was 5 mo. Cases sensitive to initial paclitaxel-containing chemotherapy responded to any of the salvage treatments more frequently than chemotherapy-resistant tumors (88.5% vs. 11.5%, $P < 0.05$). Recurrent ovarian cancer patients initially treated with paclitaxel-based chemotherapy frequently responded to salvage treatment. However, the duration of response was brief, and hospitalization for treatment-related side-effects was common. Tumor response to initial paclitaxel/platinum treatment was predictive of future response to second-line agents. Current salvage therapies appear to provide little benefit in case of tumors resistant to primary chemotherapy.

RE.CNT 14 THERE ARE 14 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 65 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 1997:441719 CAPLUS
DN 127:103767
OREF 127:19811a,19814a
TI Overview of current and future chemotherapeutic agents in non-small cell lung cancer
AU Natale, Ronald B.
CS University of Southern California/Norris Comprehensive Cancer Center, Los Angeles, CA, USA
SO Seminars in Oncology (1997), 24(2, Suppl. 7), 29-37
CODEN: SOLGAV; ISSN: 0093-7754
PB Saunders
DT Journal; General Review
LA English
AB A review with 59 refs. The two-drug regimen consisting of a platinum compound (cisplatin or carboplatin) combined with either a vinca alkaloid or a podophyllotoxin has been considered by many to be the standard chemotherapy treatment for non-small cell lung cancer (NSCLC). Randomized trials with these regimens have demonstrated modest but statistically significant increases in survival for patients with stage IV disease compared to treatment with best supportive care, and especially for selected patients with stage III disease when combined with radiotherapy or surgery compared to these treatments alone. Recently, several new compds. with promising efficacy and acceptable toxicity profiles have been investigated for the treatment of NSCLC, including the taxanes paclitaxel and docetaxel, the novel pyrimidine analog gemcitabine, and the topoisomerase inhibitors irinotecan and topotecan. Small but significant improvements in response rates and survival have been achieve with two-drug combinations, which include several of these new agents combined with a platinum-based compound, in patients with advanced NSCLC. Modifications of dosing schedules and the use of premedication regimens have resulted in better efficacy and more manageable side effects with such combinations. These

encouraging gains in patients with advanced NSCLC suggest a potentially greater impact in patients with early stage disease. Given the manageable toxicity profiles of many of these newer agents, various three-drug regimens may be feasible in the future.

RE.CNT 59 THERE ARE 59 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L12 ANSWER 66 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 1997:254979 CAPLUS
DN 126:301301
OREF 126:58188h,58189a
TI New options for the treatment of advanced ovarian cancer
AU Dunton, Charles J.
CS Dep. Obstetrics Gynecol., Thomas Jefferson Univ., Philadelphia, PA, USA
SO Seminars in Oncology (1997), 24(1, Suppl. 5), S2-S11
CODEN: SOLGAV; ISSN: 0093-7754
PB Saunders
DT Journal; General Review
LA English
AB A review with 64 refs. Over the last decade, platinum -based combination chemotherapy regimens have led to higher response rates and longer survival for advanced ovarian cancer patients than previous regimens based on alkylating agents. The advent of paclitaxel for salvage therapy and, more recently, as a component of first-line treatment in advanced disease has further improved response rates and prolonged survival. Nonetheless, even with current treatments, relapse rates remain high and most women with advanced ovarian cancer ultimately will die of their disease. For this reason, the development of new, effective second-line treatments, as well as better first-line agents, for advanced disease remains a high priority. To maximize the efficacy of second- or third-line drugs, a new agents should be non-cross resistant with platinum or paclitaxel. Chemotherapy drugs for advanced ovarian cancer with novel mechanisms of action include topotecan (Hycamtin; Smith-Kline Beecham Pharmaceuticals, Philadelphia, PA), a topoisomerase I inhibitor. Topotecan was recently shown to be effective in platinum -refractory or -resistant patients, with response rates ranging from 14% to 23%. Results from a phase III clin. study indicate that topotecan compares favorably with paclitaxel as a second-line treatment for stage III and IV patients who have failed platinum-based regimens. Moreover, a phase II study demonstrated clin. responses with topotecan in patients who had failed both paclitaxel- and platinum-based therapies. Other agents for advanced ovarian cancer are also under investigation, including docetaxel, oral etoposide, liposome encapsulated doxorubicin, gemcitabine, ifosfamide, and hexymethylmelamine.

L12 ANSWER 67 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 1996:471884 CAPLUS
DN 125:157440
OREF 125:29162h,29163a
TI Recent advances in treatment of non-small cell lung cancer
AU Goss, Glenwood D.; Dahrouge, Simone; Lochrin, Catherine A.
CS Fac. Med., Univ. Ottawa, Ottawa, ON, K1H 8L6, Can.
SO Anti-Cancer Drugs (1996), 7(4), 363-385
CODEN: ANTDEV; ISSN: 0959-4973
PB Rapid Science Publishers
DT Journal; General Review
LA English
AB A review, with 226 refs. Non-small cell lung cancer (NSCLC), which represents the bulk of primary carcinomas of the lung, is an aggressive malignancy. The majority of patients with NSCLC present with advanced disease, not curable by surgery, at the time of diagnosis.

Recent randomized trials have shown an improvement in survival for patients with loco-regional disease treated with combination, platinum-based, chemotherapy and curative irradiation Similarly, randomized studies of good performance status patients with metastatic disease have documented a survival advantage, albeit a modest advantage, for those receiving chemotherapy. New chemotherapy agents with activity in NSCLC have been studied in phase II trials. These agents need to be evaluated, in loco-regional and metastatic disease, in large randomized phase III trials before conclusions can be drawn about their role in treatment. Novel treatments which among others include gene therapy, anti-angiogenic and anti-metastatic agents are currently being assessed in early phase I and II studies. Gene therapy will likely by combined with standard chemotherapy and radiation in the treatment of NSCLC, whereas anti-angiogenic and anti-metastatic agents may play a role in prevention and maintenance therapy. Finally, regardless of the approach or modality, new interventions will need to be assessed for their impact on overall survival and the quality of life of patients with NSCLC.

L12 ANSWER 68 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 1996:74089 CAPLUS
DN 124:193017
OREF 124:35371a,35374a
TI Treatments, topics, and trends in ovarian cancer
AU Neijt, Jan P.
CS Department Internal Medicine, University Hospital Utrecht, Utrecht, 3508 GA, Neth.
SO Expert Opinion on Investigational Drugs (1995), 4(12), 1205-16
CODEN: EOIDER; ISSN: 0967-8298
PB Ashley Publications
DT Journal; General Review
LA English
AB A review with 65 refs. Long-term survival is now a reality for patients diagnosed with advanced ovarian cancer. Although cisplatin-based chemotherapy has been the standard therapy for the 1990s, new data suggest that combination chemotherapy, including initial treatment with paclitaxel, is superior to cisplatin/cyclophosphamide. Other areas of progress include the use of the tumor marker, CA125, the recognition of prognostic factors, the impact of dose, i.p. treatment, the role of surgery, and new drugs. However, many questions are unresolved. For example, what is the best dose and scheduling of paclitaxel Is it better to treat recurrent disease as soon as possible or to wait until symptoms occur What will be the new standard chemotherapy in the next decade What is the best end-point for future clin. trials These are questions that can only partly be answered from the literature; the final answer will come from performing the necessary trials. A number of new agents with activity during platinum therapy in patients with progressive disease have recently become available, including docetaxel, 2',2'-difluorodeoxycytidine, topoisomerase I inhibitors, and lobaplatin. The results of studies with these drugs will certainly have an impact on future clin. practice and research.

L12 ANSWER 69 OF 69 CAPLUS COPYRIGHT 2008 ACS on STN
AN 1995:918467 CAPLUS
DN 124:90
OREF 124:11a,14a
TI Antitumoral platinum-based compounds: biomedical applications and therapeutic aspects
AU Dominici, Carlo; Petrucci, Francesco; Alimonti, Alessandro; La Torre, Francesco; Cifani, Andrea; Caroli, Sergio
CS Clinica Pediatrica, Universita degli Studi "La Sapienza", Rome, Italy
SO Annali dell'Istituto Superiore di Sanita (1995), 31(2), 289-94
CODEN: AISSAW; ISSN: 0021-2571

PB Istituto Superiore di Sanita
DT Journal; General Review
LA Italian
AB A review with 52 refs. A survey of investigations performed over the last decade concerning anal., clin., and pharmacol. data on cancer chemotherapy with platinum-based drugs is reported. From this standpoint, discussion focuses on clin. studies aimed at evaluating therapeutic response and toxicity during regional and systemic treatment of cisplatin against solid tumors in adults as well as in children. Concurrent treatments with locoregional hyperthermia in the case of limb tumors or with radiotherapy in the case of lung carcinoma are also dealt with.

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